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F. F. MAURY, M. D.

THE

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ORIGINAL DEPARTMENT.

OUR CLINICAL TEACHERS.

NO. 5.

F. F. MAURY, M. D.

Dr. MAURY is Surgeon and Clinical Lecturer at the Philadelphia Hospital, also Professor of cutaneous and venereal diseases in the summer faculty of the Jefferson Medical College. In the former institution he had previously served as resident physician and visiting obstetrician. He was appointed one of the surgical staff on the resignation of Prof. Gross in 1865. During the latter part of the war, Dr. Maury was surgeon to the South Street U. S. A. Hospital; and was also for many years chief of the surgical clinic of the Jefferson Medical College, from which institution he graduated in 1862.

As the subject of our sketch is but 31 years of age, his professional success is somewhat remarkable, though none the less deserved. He is a popular clinical teacher, a thorough and conscientious surgeon; and although not robust, an indefatigable and persistent worker. A series of Dr. MAURY'S clinics, reported for this journal by Dr. Townsend, attracted attention and elicited commendation. Dr. Maury has successfully amputated at the hip-joint, and resected at the hip and elbow-joints. He is the originator of some novel features in the operation for extrophy of the bladder, which he has twice successfully performed. In short, judging from the past, the future of this gentleman is destined to be distinguished.

COMMUNICATIONS.

SOME EXPERIENCE WITH VARIOLA AND VACCINIA.

By A. D. BINKERD M. D.,

Of Parker's Landing, Pa.

While in charge of the Post Hospital a Fort Pickering, I received the following:

SPECIAL ORDERS, No. 231.

HEAD QUARTERS, DISTRICT OF WEST TENN. Memphis, Tenn, Dec. 30, 1865.

Extract, * * * 6. The patients and d tachments at the small-pox Hospital will b mustered for pay on the 31st inst. Assistan Surgeon, A. D. Binkerd, is designated to mak the muster and sign the rolls. By order of

BREVET MAJ. GEN. J. E. SMITH.

WM. W. MCCAMMON, Capt. & A. A. G.,

Down to this time I had had nothing to d with small-pox, and I naturally felt, as man others doubtless did when ordered to th front on the eve of an expected battle.

Military orders are peremptory and n course was as promptly determined upo Early next morning I ordered my horse, an at guard mounting, I took the Hernando roa following it about three miles, when I arrive at a one-story, brick, country residence, in th middle of an enclosure. Ornamental tre and evergreens of various kinds grew in gre profusion and luxuriance on every side. Th was formerly the abode of the wealthy, b war with its strange necessities had converte it into a pest-house.

Dismounting, I entered, and made know my business to the steward in charge, wh had likewise received an order similar to min

He then conducted me into every department of the house, that I might testify to the actual presence of every soldier, warden or nurse, whose muster rolls I was about to sign. Here I saw for the first time the hideousness of that most loathesome disease, in every grade of its three last stages. And strange as it may seem, my former dread of the disease "vanished into thin air" as I entered the presence of those sufferers. I do not remember the number of them, but I believe there were about thirty or thirty-five in all. My work done, I returned to my post. A relief guard of colored soldiers was sent to this small-pox hospital, to do duty every day. The result was that Fort Pickering, during that winter, was pretty thoroughly infested with small-pox.

I took great comfort in a statement that I remember to have heard Prof. Austin Flint of New York, make during his lectures upon the disease in question, viz: "After the exposure to the poison of small-pox, the stage of incubation is generally long enough to allow thorough vaccination, and should the first attempt fail, even revaccination; thus enabling you to modify the severity of the disease, if not to escape the attack entirely." Upon this I grounded my hope, and vaccinated forthwith. But the only virus I could obtain in the fort, was in the hands of my hospital steward, P. C. Seclor—a Prussian. This he assured me was obtained from the teat of a young heifer, into which he had inoculated the virus of true small-pox at Paducah, Ky. With this virus I vaccinated myself and many others about the hospital, white, colored, old and young. Some of whom had been previously vaccinated and some had not. I had been vaccinated twice in early life, taking effect both times. Of this virus no effect was produced on me. In a few cases inflammation, vesication and pustulation followed in due order, only at the point of insertion. My ward master complained of feeling very sick. He was a large colored man, and had a beautiful scab, in no way perceptibly different from that produced by the true vaccine virus. This was the only case I was able to keep under observation till all the physiological effects occurred seriatim.

In the usual time the adenitis and other unpleasant symptoms subsided, and nothing more was thought of the case. Neither varila nor varioloid followed as a consequence of his vaccination, in any of the cases so vaccinated by me. Unluckily this is a single case which proves nothing. A plain rehearsal of the facts, however, may not be without interest to some of your readers.

So far I have attended this year only three cases of small-pox and one of varioloid, all of whom recovered except a teething infant under one year of age. These all occurred in one family, none escaping an attack. The first was the head of the family, aged 24 years. He had been vaccinated in early life; but, notwithstanding this, his was the worst case of confluent small-pox I ever saw. I was called to see him, when the shot-like vara were quite perceptible beneath the skin on the forehead and cheeks. In fact the touch only verified what the peculiar odor of his body suggested to the nostrils. One that has a nose for small-pox need not seek far for diagnostic proofs.

Early and persistent delirium was a prominent symptom in the case. This I partially controlled by the repeated exhibition of a saturated solution of the bromide of potassium, continued for several days, or till the lesions upon the tongue and mucous membrane of the mouth rendered a very dilute preparation of the remedy intolerable. Equal parts of tinc ture of veratrum and spirits of nitre were given in six to ten drop doses, three times a a day, *pro re nata*. Thus the fever was kept in check. The utmost possible cleanliness of body and clothing was enjoined. The whole face was repeatedly painted with the tincture of iodine, full strength, and the room kept darkened. Beef tea and milk, tart apple scraped, and acidulated drinks were the ingesta. Later, brandy, quinine, ect. I had almost forgotten to mention that during the stage of invasion, I gave three compound cathartic pills. This was before I saw the case, the symptoms being described by a messenger. Saline purgatives were given two or three times during the attack. The bowels were moved by enema consisting of three parts water and one of vinegar, (*Niemeyer*), after twenty-four hours without motion.

More attention was paid to saving life than the prevention of pitting. Itching during the stage of desiccation was almost completely controlled by the copious application of a very soft ointment, made of bees-wax and sweet oil, with a little tannin, opium and carbolic acid. This also measurably controlled the smell. In due time tincture of the chloride

of iron in twenty drop doses, with twenty grains quinine to the ounce, was given. Some boils occurred, and an old gun-shot wound, received in our civil war, began to slough and assume an indolent appearance, in spite of a daily application of carbolic acid and glycerine. This improved under the application of a strong solution of the nitrate of silver, and it is now quite healed up. All his finger nails slowly coming off; a new and healthy nail is taking the place of the old.

The next case was the mother. Being thoroughly vaccinated, she had the modified variety and was confined to bed only a few days. The treatment of all the cases was much the same, only modified to suit the age of the patient, omitting the compound cathartic.

The children being just vaccinated, the disease ran side by side with the vaccinia. The infant being vaccinated the second time before taking, probably derived no modifying influence, and succumbed on the sixteenth day. The other child recovered rapidly, eating every scab he could furtively pick off, in spite of its mother's earnest protestations.

In this Alleghany Valley, small-pox is unusually fatal this winter. In some localities more than fifty per cent. of the cases result fatally. In one neighborhood there are reported six or eight deaths thus far, without a single recovery.

Vaccinating is pretty generally resorted to among all classes of people, and I have had complete pustulation follow the act in very aged persons, in some of whom it had previously failed several times.

Several instances are known to the writer in which parties consider themselves exempt from liability to this disease, citing in support of their theory, the fact that they had slept for several nights in the same bed with a sick person, whom it was afterwards ascertained had the small-pox, yet they escaped. This is not only probable, but even possible.

Observation has pretty well established the fact that small-pox is not contagious, certainly not infectious during the stages of incubation and invasion, but pre-eminently both contagious and infectious during the stages of eruption, suppuration and desiccation. Perhaps least so during the stage of eruption. The same law that governs vegetable life in the reproduction of the species, obtains in the reproduction of this disease. Neither the early leaflets nor the flowers of plants in general, possess the power in themselves, without maturation, to reproduce their kind. The seeds and fruit must first ripen. So small-pox must be fully developed—ripened, if you please, before its transmission to another subject is possible, except we resort to transfusion. During these three last stages, too great caution cannot be exercised to prevent the propagation of so fatal a disease. The last scab that drops from the nose (mostly last in healing, because cold) months after the attack, is just as capable of transmitting the poison as is a drop of pus, only less liable because dry and not so easily absorbed.

The following is the method by which I have obtained the best results in vaccinating: I reduce the scab to powder, mix with pure glycerine; this will remain in a gelatinous mass for a week or more, fit for use. I use a grooved exploring needle, which I insert perpendicularly through the skin on the arm half a dozen times or more, about the junction of the deltoid with the biceps muscles, having previously immersed the needle in the gelatinous virus.

If we are cautious in selecting a point remote from any vein, no bleeding will follow this process, though the needle be thrust quite through the skin. I usually apply a little more virus to the mouths of these punctures, then hold the part to a hot stove, till it is completely erythematous, thus stimulating the absorbents into violent action. I now cover up the part with a bit of ichthyocolla plaster, to prevent the removal of the virus when pulling down the sleeve, and the whole is finished. In this way I have been successful in cases that hitherto resisted every other method.

Glycerine is far preferable to water for mixing the virus; it does not dry so readily. It finds its way into the minutest puncture, carrying with it a portion of whatever it holds in solution.

Infants and persons not previously vaccinated need rarely be punctured, a few simple scratches being sufficient, when the heating process is thoroughly carried out. I have vaccinated sleeping infants, who only awoke when the process was completed.

I have inaugurated an experiment, the result of which I will report in due time, viz: I vaccinate every one who lets me, who has previously had small-pox or varioloid, taking a note of the time elapsed since the occur-

rence of said disease, and noteing carefully the result, also the age at which the disease occurred and the age at time of vaccinating.

ON THE LIGATURE OF VEINS IN SURGICAL OPERATIONS.

By C. Seavey, M. D.,

Of Bangor, Maine.

I will give you a brief history and treatment of two cases of surgery, which, to me, are interesting, and perhaps they may be so to your readers.

Case 1. Mr. R. P., of Hermon, Maine, aged 60 years, presented himself to me a few years since for surgical aid. He had a fatty tumor upon the right side, extending from a little behind the axilla down the arm to the elbow, and also down the side to near the crest of the ilium. Another, of a fibrous character, was located upon the abdomen, a little to the left of the umbilicus; both of which were removed. The one upon the side weighed seventeen pounds; the other four ounces. From this operation he rapidly recovered. Two years from this time he came to me again, and I removed the left submaxillary gland, it being scirrhous and enormously enlarged.

From this operation, he readily recovered and appeared well. One year from this time he came again with a large scirrheus tumor upon the left side of the neck, the disease prevading the various tissues and blood vessels in its locality, and adhering to them with the utmost tenacity. To remove this, it became necessary to ligate the jugular veins and cartoid artery, above and below the tumor, taking care to exclude the pneumogastric nerve. These vessels then being divided near the ligatures, were all dissected out with the diseased mass, leaving the cervical vertebra, œsophagus and trachea entirely exposed. The wound which extended from the mastoid process to the sternal end of the clavicle, was slightly closed up by a few stitches, adhesive strips, pledget of lint, etc. No unpleasant symptoms followed this operation, with the exception of a little sloughing of the integuments, and a severe pain in the left side of the head for about five days, owing no doubt, to the non-return of blood. The tumor weighed nineteen ounces.

In about eight months from this time, a most malignant tumor appeared upon the back between the shoulders. It was so rapid in its growth, and so prostrating in its effects, that nothing could be done but to palliate, and the patient sank under the influence of the disease.

Case 2. Mr. J. Standley, of Tremont, Me., aged 55 years, presented himself to me some three years since, with a scirrhous tumor upon the left side of the neck, and he desired its removal. This was done. As a precautionary step in the operation, a ligature was passed under the carotid artery, just above the clavicle, but was not tied. The jugular veins were ligated above and below the tumor, and were dissected out with the morbid mass as in the above case. The wound healed slowly but effectually, and the patient was restored to health and the enjoyment of life.

The point of interest in these operations is in the tying of the veins and its results, all of which go to prove, to my mind, the fallacy of the theory of our fathers in surgery, to wit: The veins cannot be tied with as much safety as arteries. During thirty five years of pretty extensive practice in surgery, I never have hesitated to tie veins as readily as arteries; and I have yet to witness the first instance of unfavorable results. And I think it will be long, ere I shall exclaim with Sir Astley Cooper, that "If I were the subject of operation, I would rather let my femoral artery be tied, than the vena saphena major." In the above operations, I had the kind and valuable assistance of Dr. Thayer, of Hampden, Shephard, and H. H. Seavey of Bangor, Maine.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Professor Gross.

November 25th, 1871.

[REPORTED BY DR. RALPH M. TOWNSEND.]

Cystic Mammary Gland.

This patient, a married woman, aged 45 years, has a tumor on the breast which was first noticed a year ago, a great deal of water and blood meanwhile escaping from it. The swelling was unattended by pain, there is no retraction of the nipple, and no lymphatic involvement.

The tumor was diagnosed as a cyst of the gland, and as the woman has passed the period of childbearing, the whole breast, after the administration of chloroform, was excised.

"The class of cystomas," said the operator, "is a large and important one, comprising a number of morbid products, which are not only of very frequent occurrence, but capable of acquiring extraordinary bulk. Their contents are diversified and may either be solid or liquid. Some of these tumors are of new formation, but many are merely alterations effected in the primitive structures—in fact, hypertrophies. They are particularly liable to arise in the skin and mucous membranes, the glandular organs, as the breast, liver, testicle, and thyroid body, in the ovaries and in the subcutaneous cellular substance. They are most common between the ages of 20 and 45 years, and females are more subject to them than males. Cystic tumors are divided into the simple and compound. Varieties of the former, according to the nature of their contents, are serous, mucous, synovial, colloid, sanguineous, salivary, oily, milky, seminal and dermoid.

Compound or proliferous cysts, to which the specimen just removed belongs, are characterized by the existence of subordinate cysts, occupied by different organized substances, and giving rise to that peculiar arrangement known as the multilocular or polycystic. Proliferous cysts occur chiefly in the ovary, the mamma, and the thyroid gland, in the first of which they often attain an enormous bulk.

The walls of these cysts, always thin at first, eventually acquire great thickness and strength. In their structure they are cellulo-fibrous, with a strong tendency when they become old, to various degenerations. These cysts, both simple and compound, are always lined with epithelium. They never involve the neighboring lymphatic glands, and the prognosis is favorable. Cystic tumors are not benefitted by constitutional medication, their contents not being amenable to the action of absorbents. Sorbifacient applications as the dilute tincture of iodine, or pressure, will sometimes retard their growth when they are small and superficially seated. Breaking the cysts, or incising them subcutaneously, allows their contents to escape into the surrounding cellular tissue and then, their walls collapsing, may ultimately unite by adhesive inflammation. Iodine injections are sometimes advantageously employed, particularly when the tumor is deep seated. But when the cysts are large or numerous, and when the primitive textures are in a great measure annihilated, the only course likely to succeed, is excision of the entire mass. The slightest remnant, however, must not be left as a secreting surface; the size of a pin's point is capable of reawakening the disease. The parts were well drawn together with adhesive strips, and the after-dressing will consist simply of the application of a light emollient poultice. Prof. Gross said he did not believe in the infusoria doctrine of Mr. Lister, particularly as the cases operated upon by the colleagues of that gentleman, in the Royal Infirmary of Glasgow, made much better recoveries than did those of Mr. Lister, even though they were not treated with the carbolic acid. "The latter is one of those fanciful preparations that has had its day. As old Ambrose Parē would say—'we have done our work and God will do the rest!'"

Encysted Hydrocele of the Spermatic Cord.

Moses K., æt. nine weeks, is the subject of congenital hydrocele of the spermatic cord. The tumor is distinctly circumscribed, oval, movable, free from pain, distinct from the testicle, receives no impulse on coughing, and cannot be emptied by pressure. This is evidently an encysted hydrocele, an affection which occurs at all periods of life, but which is more common in infants. The cyst generally originates in an imperfect obliteration of the tubular prolongation of the peritoneum lying under the skin, superficial fascia, and fibres of the cremaster muscle. Sometimes the cyst arises adventitiously.

A delicate sewing needle was now introduced, and a drop of limpid fluid followed its withdrawal. Such proceedure alone, in a child of such tender age, may be sufficient to produce obliteration of the sac. Should this not be the case, the parts will be painted with very dilute tincture of iodine, or a strong solution of alum or acetate of lead. Finally, other means failing, one single fine strand of thread will be run through the sac and allowed to remain until the proper degree of inflammation is excited.

George Fish, æt. three months, was also brought before the class with an encysted hydrocele of the cord. The tumor was punctured with a needle, its contents allowed to escape, and the following lotion was ordered to be locally applied:

℞. Ammoniæ hydrochlor., ʒj.
Acid acetic, ʒss. M.

S.—Add to half a tumblerful of water.

In these cases the testicle is always at the bottom of the tumor, and the tumor is always circumscribed, with well defined outline and some hardness, and is always so situated as to be almost immovable, or not easily pushed about from point to point. It derives no impulse upon coughing, like a hernia. Finally, the exploring needle always settles the diagnosis.

In connection with these cases, Prof. Gross brought before the class the sister of the first little patient, Cecilia K., æt. four years and three months, upon whom he had operated at this clinic four years ago on account of an encysted tumor in the cervical region. A long scar reaching from the middle line of the back of the neck to the lower limit and posterior border of the sterno-cleido-mastoid muscle, marked the site of the operation. The jugular vein was so translucent as to be almost mistaken for a portion of the tumor. Notwithstanding, however, the tedious dissection involved, the child made a most excellent recovery.

Goitre.

Matilda D. aged 26 years, has a large tumor, flattened from side to side, partly overlapping and partly pushing outward the sterno-cleido-mastoid muscle. Tumors of various kinds are liable to occur in this locality, as for instance aneurism of the carotid; but the woman has suffered from no injury to the part, and besides idiopathic affections of this kind being uncommon in this country, they occur at later periods of life and can be distinguished by their pulsation, and whirring, whizzing noise. Secondly. There might be a varicose condition of the jugular veins. Thirdly, a cyst. Fourthly, enlargement of the bursæ that here exist in connection with the thyro-hyoid membrane. Fifthly, lymphatic involvement, and sixthly, enlargement of the thyroid gland.

The patient was requested to swallow, and as she did so a decided movement was noticed in the tumor. This would not be the case if this were lymphatic enlargement. Neither has it the appearance of a cyst, an enlarged bursa, or varicose veins. It is, undoubtedly, a goitre, and its peculiarity consists in its lateral expansion and anterior flattening. This patient was born in Bremen, and was the subject of this affection before coming to America. The tumor is soft in the greater portion of its extent, which shows that, as yet, it has undergone no great degeneration. This affection is peculiar to mountainous regions everywhere, although the greater number of cases in this country are found among foreigners. It is epidemic in Switzerland, and so common in Derbyshire, England, the affection is there called Derbyshire neck. It is likewise met with in the inferior animals. Its cause is unknown, some ascribing its production to drinking snow water and others to the calcarious matter found in certain varieties of well water. A tumor of this kind may attain enormous size, with all the bad attendants therefrom arising.

The prognosis of this individual case, as far as treatment is concerned, is of a favorable character, although the great extent over which the tumor is spread almost precludes the possibility of returning it to its natural boundaries. Treatment will consist in stimulating the absorbent vessels, although the application of agents of too stimulating a character must be avoided: otherwise, irritation will be produced, and the mass will be enlarged instead of diminished. The neck will be thoroughly washed, at least once in the twenty-four hours, with hot water and soap, and immediately afterwards a portion of the following ointment will be applied to the surface of the tumor and well rubbed in:

℞. Ung. hydrarg. biniodid., ʒj
Cerat. simp., ʒvj. M.

The patient will also take internally the *Liquor Iodinii Compositus*, gtt.viij. in sweetened water three times daily.

A piece of thin flannel and oiled silk will be worn around the neck. The diet will be regulated and all red meats avoided. Six grains of blue mass, in combination with a grain of ipecac, will be given now and then at bed time to regulate the secretions.

ALBANY MEDICAL COLLEGE.

Clinic on Diseases of the Mind and Nervous System, by Prof. Meredith Clymer.

(REPORTED BY T. D. CROTHERS, M. D., FOR THE MEDICAL AND SURGICAL REPORTER.)

Chorea.

In this case we can trace the cause of chorea to the diathesis of measles. This child, five years old, was taken in July last with measles, and four days after took a severe cold, causing the rash to disappear; this was followed by convulsions, which terminated in a few days, leaving the organs of speech paralyzed. The chorea began at this time, consisting of twitchings and jerkings, always when the mind is excited. The paralysis of the organs of speech has disappeared, and she can now articulate nearly as well as usual, but the chorea is increasing. Her general health is good. Here the disturbance is functional and located in the nerve centers. Nature is evidently doing much to restore this disturbed condition as seen in the recovery from the paralysis. But the increase of the chorea is owing to some outside stimulus which favors its production. In treatment, particular avoidance of all excitement, friction by rubbing, good diet, with bitter tonics and iron, valerianate of zinc, or hydrate of choral. If these are steadily persisted in for a long time, recovery will generally follow.

Chorea—Second Case.

Here is an idiot boy, 25 years old, who has been afflicted from birth. He cannot speak, but he eats and sleeps well, and is not entirely devoid of intelligence. You notice the irregular movements, grimaces and jerkings of the head and neck, and all parts of the body seem to be in motion. The affection here is organic, some congenital defect of the nerve centers. The coördinating power is also affected, making it difficult for him to walk. His legs are thrown out irregularly, and some of his movements imitate functional derangement. He has spasms, at times fixed and rigid. Whether he has much pain or not is difficult to determine. These cases always present a variety of conflicting symptoms, and in the treatment you must be governed by observation and circumstances. If this man should die you would find no lesion or condition of the brain structure to account for these symptoms.

Epilepsy.

This man has been an "epileptic" for ten years. During the last four years the fits have increased in frequency. When he is excited, they always follow. He has no warning of them, but falls and loses his con-

sciousness, remaining so for three or four minutes. Frequently he bites his tongue and occasionally is noticed to froth at the mouth.

After these fits he sleeps a variable period, awakening refreshed. Although often he has a weary feeling for several hours after. His friends notice that his temper is more irregular, and his memory less acute, although he continues his business as a grocer. These fits or spasms never occur at night. This is essential epilepsy, or one having no lesion in the brain, such as a tumor, clot, or anything resulting in inflammation or from pressure. There are two forms of epilepsy, one the developed. the other the undeveloped. The last is marked by temporary loss of consciousness and no fall, with recovery. The developed, by a sudden loss of consciousness, falling to the floor, with a low cry. There is a deadly palor of the face, then congestion, with a full, red appearance. He bites his tongue, and saliva comes from the mouth in the form of froth, attended with clonic spasms. From three to five minutes of uneasiness elapse, then he comes to, and falls into a deep sleep, from which he awakes with more or less dullness of intellect. No lesion can be found after death, but changes not connected with the disease may be present. This disturbance comes probably from some change in the medulla oblongata, or the vasa motor nerves.

This is apparent in the palor of the face, and the subsequent tendency to sleep. The nerve centers seem to be in a state of suspension. When the spasms are over, congestion of the blood vessels may go on and produce asphyxia. It may be caused by either a central lesion or a disturbance on the periphery of the body. In a case under my observation, the forcible bringing down of the heel on the floor would cause a convulsion. I have seen it caused by a spicula of bone and by a tumor pressing upon the brain, bringing on reflex action. This form of epilepsy is more apt to affect the mind than the other. A gentleman consulted me some time ago about a peculiar feeling that came over him to revenge some fancied insult upon his nearest friends. This impulse came on at irregular intervals, during the day or night, and it required much difficulty to restrain himself from committing crime. He was a professional man, in active business and perfectly well and could find no cause for these feelings. I suspected epilepsy, and when he complained of sour tongue, I caused him to be watched, and it was found that he had well marked epileptic fits, of which he was completely unconscious in the morning.

Under treatment he has partially recovered, and I hope for a permanent cure in his case. The vast number of remedies vaunted are strong evidences that none are specifics. I rely upon a generous diet and general hypnotics. Of these I have found lately that bromide of sodium is the most valuable. I think it more so than bromide of potassium. The latter, when given for a long time in large doses, brings on serious disturbances of the mental faculties and muscular feebleness of the lower extremities. The bromide of sodium is found to be free from these objections; it is more readily absorbed and eliminated, and, I think, has a less depressing influence on the heart. I have used it many months with excellent effect. Dr. DECAISNE has given it for a year with the same happy results. I give it in twenty grain doses three times per day, and with the exception of constipation I have found the best results from it. Belladonna is sometimes used with good effect; but a nutritious diet, with freedom from excitement, and a hypnotic that will check functional disturbance, will meet many indications, and frequently retard and hold in abeyance this disease for a long time.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

December 16, 1871.

C. G COMEGYS, M.D., Prest., J. W. HADLOCK, M. D., Sec'y.

The Nature of Malaria.

[BY D. VAUGHAN, A. M., M. D.]

In a former paper read before the Academy about four weeks ago, I mentioned that marsh poison consisted of volatile oils emitted from plants, and conveyed by rains to low places instead of being permitted to diffuse themselves freely through the entire atmosphere The effect I ascribed mainly to the slight solubility of these oils in water, as they are dissolved in this fluid when rain occurs, and they are again liberated through the influences of heat and evaporation. But the part which water acts in concentrating malaria to low grounds, is far greater than might be inferred from my brief allusion to the subject, and from the single case which I noticed. It is not merely during the showers of rain, but in its subsequent flow over lands covered with herbaceous plants that the water becomes impregnated with volatile oils, and conveys them to valleys where heat has more influence in delivering them to the air in the form of vapor.

The process of nature corresponds in every respect with the course which has been long pursued in the arts for obtaining these substances from plants. Though essential oils when forming a large part of the product affording them, may be obtained by dry distillation, and though steam may be occasionally used with advantage in their manufacture, yet in most cases, and especially when they occur in plants, in a small quantity, they are separated by aqueous action. The plants are steeped in water, and as this is subsequently made

to boil, the steam carries over the essential oil, which, on condensation, may be obtained in a liquid form. For procuring the ferment oils, the leaves and other parts of plants affording them, require to be steeped in water some days before distillation; and the success of the operation seems to depend on the diminution of solubility with an increase of temperature.

In its passage to valleys the rain which falls on elevated fields and verdant hills must be constantly impregnated with the essential oils of living plants and the ferment oils of their decaying parts. The volatile matter produced over a wide area is thus concentrated into a comparatively small space, and a marsh is thus rendered capable of diffusing an amount of poisonous vapors far greater than could be afforded by the plants growing within its borders. Of the volatile oils which a marsh or an inclosed lake thus receives, some pass into the air as vapor when the water becomes warm, while others require to have its volume considerably reduced by evaporation. The amount of these oils which the air is capable of sustaining as vapor depends on temperature, but it is very inconsiderable even during the hottest summers, while in winter it must sink to an infinitesimally small quantity.

To become saturated with the noxious vapors which they emit, the air over marshes must be motionless, and to this quiescent or stagnant condition the presence of water in a valley contributes in a great degree. The absorbtion of heat in the formation of aqueous vapor, must give the lowest air in these localities a higher specific gravity than would be due to its position, and it will be thus less sensible to those forces which produce the more gentle winds. For a similar reason carbonic acid accumulates in the bottom of deep wells, not merely on account of its own high specific gravity, but chiefly in consequence of the increased density which the cool water gives the air, and which is a greater impediment to the effects of diffusion. Brisk winds and storms must evidently prevent the stagnant condition of the air in marshes, and arrest for a time the course of their insalubrity. It is also known that excessive rains stop for a time the effect of malaria, and it is evidently because the limited amount of volatile oils, which vegetation supplies at one time, is more largely diluted and rendered less liable to escape into the atmosphere.

When the numerous streams conveying the water which irrigated many verdant lands unite to form a large river, the latter must be impregnated with the volatile oils which are ever ready to escape into the air whenever compelled to do so by the influence of heat and evaporation. To this cause we may reasonably ascribe the pestilential vapors which lie along the rivers of Italy, and there is reason to believe that the principal part of the malaria of its marshes is conveyed from distant localities by running waters, which surrender their poisons to the air as they are imprisoned and evaporated in stagnant pools. Rivers also often find the conditions for diffusing their volatile matter when they pass through lakes enclosed by hills, or when they spread their waters over the deltas which are so generally found at their termination in tideless seas.

As volatile oils change their characters by oxydation there must be a limit to the distance to which rivers can convey them in such a manner as to make them injurious to the air. This is evidently the case of the river Nile, which in the latter part of its course runs over 1000 miles without receiving a single tributary. Whatever poisonous inhalations may have contaminated its waters in equatorial Africa must have been either expelled by heat or rendered inert by oxydation. Accordingly its floods do prevent Egypt from enjoying a comparatively healthy climate. This may be partly ascribed to the dryness of the air and the unfrequency of rains in Egypt, but it is well known that at Bussorah, where the climate is equally dry and free from rains, the country is rendered extremely pestilential by the overflow of the Euphrates.

The rapidity with which running waters increase in temperature has a great influence on the emission of their volatile organic matter. In mountainous regions such changes are most conspicuous. Along the southern side of Mount Elberz, in Persia, numerous streams descend to the low lands, and they must be highly charged with volatile oils, as the rains which maintain them fall on lands teeming with verdure. The effect of these waters when warmed in the low lands, where they arrive, is marked in the condition of the climate, and Teheran is accordingly rendered unhealthy, notwithstanding the dryness of the air and the scanty vegetation it affords. For a like cause the principal Italian rivers, having their sources in elevated regions, appear to be more impregnated with malaria on descending to the plains, the lakes and districts through which they pass giving evidence of its malignity. The irrigation of rice fields in Italy has been found so injurious to health that it has been deemed necessary to restrict the culture to certain localities, while in Egypt the culture of rice is not attended with similar consequences.

BALTIMORE MEDICAL ASSOCIATION.

Chloral and Chloroform in Labor.

Dr. LATIMER.—The use of anæsthetics in labor has never, so far as I know, been general in this state. In looking over the reports of those who are accustomed to use them, I find the testimony of obstetricians uniformly favorable. The moral question is not present in this inquiry, but only the safety of the mother and child, and we are justified in using

them simply to relieve the pain, which, in some cases of even natural labor, is excruciating. For my own experience I have never used chloroform except in instrumental cases, and have seen no ill effects follow its use.

SIR JAMES SIMPSON entertained no doubt of the propriety of using chloroform, giving, at the close of the first stage, a quantity sufficient to relieve the pain. He used it in two hundred cases without any bad effects, and not one of them suffered from puerperal convulsions. It diminishes the nervous sensibility, and thus increases the force of the expulsive action. SANSOM agrees with Simpson, but thinks it should always be given by means of an inhaler to regulate the quantity of the vapor. STORER, when in obstetric practice, gave regardless of any disease of the heart and lungs. BEATTY used it in conjunction with ergot when the pains were weak and inefficient. YANDALL administered it regardless of organic disease. So far there are no deaths on record resulting from its use in obstetric practice.

HEWITT believes that it predisposes to hemorrhage, and Dr. WM. MARSHALL says that in a case of miscarriage at five months it arrested all expulsive pains. In puerperal convulsions complicating labor there is no difference of opinion. HEWITT says if he could have only one remedy he would take chloroform.

From all I can gather from those accustomed to its use, it is not attended with special danger in natural labor; does not weaken the expulsive powers; does not tend to produce hemorrhage; does not interfere with recovery, and has no injurious action on the child. Of course caution should be used in its employment. In abnormal labors it is used with advantage in craniotomy, turning, application of forceps, etc. When the patient is weak it should be combined with the internal use of stimulants. It should be given at the termination of the first stage, during pain, and when the head presses on the perinæum. When it seems to check the pains it should be withdrawn. A handkerchief is all the apparatus necessary for its administration.

By the use of chloral the same indications are, according to the testimony of those experienced in its use in this class of cases, fully met. It relieves pain, quiets spasm, promotes sleep, and does not interfere with the expulsive pains. Dr. LAMBERT says it is a good remedy, and requires no interference with the patient. It should be used at the close of the first stage or beginning of second. It should be given in doses of gr.xv., every quarter of an hour until its effects are produced. One of its advantages is, that its anodyne effects are continued after the parturition and thus gives the rest which is so necessary after that effort. It is claimed that the labor is shortened under its influence. I have used it in combination with ergot. The same general conditions govern its use as govern chloroform, and the rules of SIR JAMES Y. SIMPSON must be strictly observed.

Dr. WAYSON.—I have used chloroform in ordinary labor in a few instances and seen no unfavorable results, but have not used it often enough to speak positively about it. In instrumental deliveries and turning it is a valuable agent, and I have succeeded much better with it than without it. I have not used it very frequently in natural labor because I think it is nature's order that women should suffer pain at this time.

Dr. MORRIS—In regard to chloroform I coincide with the remarks of Dr. LATIMER; in all instrumental cases I use it. I have some fear in regard to the protracted use of chloral in these cases. I fear I lost a child last winter from its use. I gave ℈j, and a short time afterward repeated the dose and then delivered by the forceps. The child was dead. The labor only lasted twenty-eight hours, and I can attribute the child's death to no other cause than the use of chloral.

Dr. JONES—The simple fact of a child being still-born after a labor of twenty-eight hours proves nothing in regard to the use of chloral. There was no examination of the body and nothing in the case to connect the unfavorable result with the medicine.

DR. UHLER—I have only used chloroform in instrumental cases. In one case I kept a woman under its influence for six or seven hours, and delivered the child by craniotomy and forceps. The woman died on the fourth day from pneumonia. Whether this was a coincidence or not I cannot say. In a case in which I gave chloral in ℈j. doses, consciousness was not lost and the child was born alive.

DR. MORRIS—One advantage of chloral is the beautiful rest it produces after delivery. In the case I mentioned the lady slept the whole day and woke without headache, or a single unpleasant symptom.

DR LATIMER—It is not claimed that chloral relieves the pain completely in the doses mentioned. Those who used it gave gr. xv-xx every fifteen or twenty minutes until its full effects were seen.

DR. UHLER.—In a tedious case I gave chloral ʒj. and chloroform ♏v-x. to check the convulsions, and kept her under the influence of chloroform until the chloral had time to act.

DR. ARNOLD (the President).—My experience is limited in regard to their use in natural labors. In instrumental labors I am only too glad to use chloroform. The greatest interest attaches to its use in natural labor. It would be a great blessing to relieve the pain if our experience would justify us in using these agents in all natural labors. In nine cases out of ten parturition is accompanied by great suffering. It is strange that chloroform should be so little used in these cases when it has been recommended by such high authority, and I think the disinclination to its use owing to the fearful number of fatal cases of chloroform poisoning in surgical practice. Years

ago I used it frequently and never had any unfavorable results, but after the fatal cases multiplied so, I abandoned its use, and of late its administration is rather discouraging. I think we are hardly justified in using it in natural labors. It would be a grand thing if we could safely allay or abolish the suffering of this process. We know so little about chloral that we should hesitate to recommend its use in natural labor, and must reserve it, like chloroform, for instrumental cases.

DR. LATIMER.—The use of chloroform has not so much been abandoned, as that it has never become general. All physicians in lying-in asylums endorse its use, and no death has been reported from its employment. It is also used to a very great extent in instrumental labors and no fatal accident has occurred. What gives this class of cases immunity no one has explained.

DR. MORRIS.—In the last year of Simpson's life a woman died under his hands from chloroform.

DR. LATIMER.—I have seen no such reference, and that is only one case among many thousands. No deaths have occurred from chloral. I use it in every case to which I am called unless there be come contradiction. We must also remember that deaths have occurred in childbirth without the use of an anæsthetic.

Dr. FRIEDENWALD.—The cases of death from chloroform have accumulated so in the last few years that I doubt very much whether all the fatal cases in obstetrics have been reported. The public know that labor is generally a safe process, and the most courageous man would hesitate before he acknowledged that chloroform produced the unfavorable result in a case of obstetrics.

Dr. HOWARD.—I have a firm conviction that many of these fatal cases occur from an impure article of chloroform. I used it frequently in the army, and in several cases saw sudden and alarming symptoms, but by substituting another sample, anæsthesia was produced without ill effects. In these bad samples there is some undetected impurity.

Dr. LATIMER.—Sansom says that the poisonous ingredient is free chlorine. No doubt Dr. FRIEDENWALD is correct in his remarks. For my own part I have no timidity growing out of its use from any intellectual convictions of its danger. I have used it over two thousand times and have no dread of it. The dangerous objections do not obtain in regard to chloral. It is used by the patients themselves with too great frequency. If it is proper to use an anodyne in any condition of suffering, labor certainly demands it.

Dr. ARNOLD—If the accidents were limited to impure specimens they could be remedied, but, unfortunately, there are cases in which the same specimen has produced death in one instance and no ill effects in others. Those who have paid special attention to the administration of chloroform are at a loss to account for the deaths.

Dr. LATIMER—Is it not by careful use that we are to get this knowledge?

Dr. HOWARD—I would not say that impurity is the only source of danger. The falling back of the tongue from paralysis will produce dangerous symptoms.

Dr. LATIMER—This falling back of the tongue is frequently noticed and does not constitute a danger if you are prepared for it. It only requires a tenaculum for its relief.

Dr. UHLER.—I have administered and seen chloroform given about ten thousand times, and met with no deaths as yet. In three cases the patients were saved by vigorous efforts. I have nearly always used Squibb's, and would be slow to employ any other. I saw one case of placenta prævia in which I gave chloroform to turn, but the patient died from hemorrhage before I could do anything.

EDITORIAL DEPARTMENT.

PERISCOPE.

Perimetritus Simulating Ague.

The following case in the service of Prof. BYFORD, is reported in the *Chicago Medical Examiner:*

This lady presents a condition not unfrequent, though its cause is perplexing. She married thirteen years ago, at the age of 16. Her health was perfect until the birth of her first child, but ever since she has suffered from dysmenorrhœa and leucorrhœa between the molimena. She says that four years ago she was treated for inflammation of the bowels, and at the time of the fire in this city she was again attacked by the same symptoms as before, and having no home left, she entered the hospital. She had fever, pain in the back, hips and abdomen, pain in urinating, nausea and vomiting. The fever was considered to be an intermittent by a physician who saw her before she came to the Hospital. The house physician here prescribed paregoric and nitre, on account of the pain in the bladder, believing she had cystitis, and for the nausea and vomiting he gave her carbolic acid disolved in glycerine and water. These medicines effect-

ually relieved the symptoms before the patient was seen by the Professor. On examining her, he at once recognized a case of perimetritus. A lump hard as bone, and very tender under pressure, was felt in the left iliac region, extending diagonally into the other iliac region. By a vaginal examination a hard tumor was found filling the pelvis and pressing against the bladder. The consequent inflammation explains the pain in urinating; but besides this tumefaction of the uterus, the pelvic cavity was also filled by a fibrinous exudation.

A mistake in diagnosis is liable to be made by almost any one, especially since examination is frequently neglected. The chills, fever and perspiration occurring every morning, made up apparently a good case of intermittent fever for the physician who saw her; but the dysury and pains ought to have induced an examination. External exploration should be made in search of hard, resisting masses. Hard tumors can be distinguished by their giving dullness on percussion, whereas the intestines give resonance on percussion. Of course a vaginal examination should be made. The extreme frequency of these cases is often overlooked, because examination is neglected.

The patient was much prostrated, but was considerably relieved by the medicine already noticed. Fomentations of aconite and arnica leaves were directed, and likewise poultices of corn meal or flax-seed. The mixture of muriate of ammonia, tartarized antimony and morphia, was also ordered to be given four time a day. She is improving rapidly and is about ready to go home. At present, 2½ weeks after her entrance into the hospital, examination shows that the pelvic mass is gone, and there is no tumefaction, except in the uterus which is moveable.

Disinfectants.

M. GILLE has published in the *Archieves Medicales Belges*, an interesting article "On the value of a Disinfectant," in which he says we must not only get rid of offensive smells, but of all other products of decomposition, and that any substance which only effects one of these ends, is a very imperfect disinfectant. He then passes in review some of the disinfectants in common use. Sulphate of iron he considers is useful from its effect of decomposing ammonia, carbonate, and sulphohydrate. Perchloride of iron, besides this, percipitates albuminoid matters, and acts also by its chlorine. Lime disinfects organic matters, fixing carbonic acid and sulphuretted hydrogen, and decomposing hydrosulphate of ammonia. The permanganate of potass. is a most energetic oxidizing agent, decomposing sulphuretted hydrogen, destroying organic matter, and acting upon all fixed compounds with which it comes in contact.

It may be remembered that M. DECAISNE employed it in dissecting rooms, but that M. GOSSELIN, in 1864, reported that it was not adapted for this purpose. Chlorate of potass. may be used to disengage chlorine in places that are not easy to reach by other means. This is a capital plan for cesspools and middens.

Chloride of lime acts by the chlorine it sets free, and chemically decomposes most foul gases. M. DECAISNE considers it the best disinfectant of offensive gases. Does it also, mixed with metallic oxides, act by disengaging oxygen as has been asserted? M. GILLE doubts this. He also observes that, although chloride of lime destroys offensive gases, it does not arrest putrefaction, but by the lime set free, hastens the process.

Hydrochloric acid is employed to disinfect dog-kennels. Vessels containing it left open, completely destroys the offensive gases that abound where a large number of dogs are kept. This plan is adopted in the Veterinary School of Brussels.

The action of carbolic acid, M. GILLE says, is not chemical. He accepts what is commonly called the germ theory, inasmuch as he says the acid prevents germs from provoking putrefaction. He also thinks it will hinder the formation of miasms, and is, therefore, a good preventive of epidemics. It is thus to be seen that all the disinfectants are good, but that they should be used with discernment, a selection being made according to the products we wish to get rid of.

Treatment of Diseases of the Ear.

We extract the following practical hints from a paper by Dr. LAURENCE TURNBULL, in the *Transactions of the Medical Society of Pennsylvania*, 1871:

Foreign Bodies

in the external canal can almost always be washed out near to the orifice of the meatus by the syringe, and then removed by a soft silver curette or angular forceps.

Eczema Auriculæ,

acute and chronic. This troublesome affection was treated in its acute form, by soothing applications of bland fluids, the ear being covered with oil silk; and internal tonics were administered, with alteratives of iron, arsenic or mercury. In the chronic form, the ointments of the protonitrate of mercury, or the benzoated oxide of zinc, were used. *Internal Treatment*—Fowler's solution, or the solution of the bichloride of mercury.

Inspissated Cerumen.

Soft cerumen should be broken up and removed by the curette, but if hard it must be

softened by a warm solution of bicarbonate of soda in rose water (1 gr. + f℥j), and then removed by the syringe or curette. This will not always relieve the hearing, as attention must be given to the condition of the lining membrane of the auditory canal, membrana tympani, and middle ear; and applications are often necessary of astringents and alteratives, with the use of the air douche of Politzer, or the Eustachian catheter.

Accumulation of cerumen accompanies a large number of permanent defects in hearing, followed by and being the cause of deafness, producing pressure on the membrana tympani, the delicate bones of the ear, affecting the labyrinth, semicircular canal, and cochlea, which latter contains the nerve of hearing.

Furunculous Abscess in the External Meatus.

These abscesses are most exquisitely painful, slow in development, and form a core which is discharged with difficulty. There is also a plugging up of the canal by a swelling of its tissues. The most successful treatment has been the application of moist warmth to the parts and a free incision into the abscess as soon as its presenting point could be determined.

Otitis Externa.

This was supposed to be the most frequent form of affection of the ear, but we now know that it is rather rare, and it will be seen there were only 30 in 600 cases. It extends from the orifice of the auditory canal to the external surface of the membrana tympani and is apt to follow violence to the ear, foreign bodies, abscesses, etc. The most successful was proper counter-irritation, by means of small blisters, croton oil, or tincture of iodine, keeping the parts cleansed daily by the use of a mild astringent wash.

Purulent Otitis Interna, with Perforation.

In the acute form this occurs in children, and presents all the symptoms of meningitis, but is distinguished from the latter disease by the labyrinth alone being affected, and not the meninges. It is apt to terminate fatally and is almost always followed by complete deafness. The treatment should be counter-irritation by tincture of iodine, the internal use of the bromides of sodium and potassium, with the tincture of the sesquichloride of iron.

Acute Aural Catarrh

of the middle ear, with perforation. The treatment of this affection consists in keeping the parts cleansed by Clark's or Thudichum's douche, with astringents, tonics, and counter-irritation, with occasional depletion by leeches or small cups.

This is an affection usually amenable to treatment, and to it the term *otorrhœa* is given. Of ninety-nine cases, thirty-seven were cured, that is, the discharge was checked, but the hearing was not restored in all of them to the normal standard. We, however, save the patient's life by checking the discharge and relieving the inflammation.

We now come to the most tedious affection of the human ear, the most frequent cause of deafness, and the most difficult to cure if neglected in its early stage, viz :—

Chronic Catarrh of the Middle Ear,

with or without perforation of the membrana tympani. If the membrane be perforated, we can cure the noises and discharge more effectually than if it be thickened and the cavity filled with mucus. Treatment of the open membrana tympani: Apply agents in solution or vapor of iodine to give tone to the parts, removing any excessive discharge by a post-nasal syringe every day, and employing tonics and alteratives, with good diet to build up the system.

If the cavity of the middle ear is closed by thickened membrana tympani accompanied by various kinds of moist or dry sounds with deafness, artificial perforation of the membrane will be found in some cases successful, driving out from the middle ear by the Eustachian catheter or air douche the accumulation of mucus, pus, etc ; and subsequently we should employ slightly stimulating and astringent washes of zinc, alum, and now and then a solution of caustic potash or bicarbonate of soda, etc. (a few grains to f℥i of water in the form of spray.)

By this and various other means which we cannot enter into in so brief a paper, we may be able to improve our cases; but if not taken in their early stage, the number of cures will be comparatively small, say only twelve out of one hundred and eleven.

Otitis Media,

with inflammation of the mastoid cells, is generally the result of pus being retained in the middle ear (from inflammation), which, seeking an outlet by the internal track which it inflames, softens and ultimately ulcerates these soft cells ; and unless the inflammation is relieved, or a new outlet made by means of an incision over the mastoid process, the results are always very serious. This in some cases is all the treatment that is necessary; but in more severe cases, the bone was broken down and the outlet made larger by means of a gouge or chisel. In some instances this has been neglected, and, as a consequence, extensive caries ensued which no treatment of ours could cure; still, in some few instances, by removal of part or a whole of the dead bone, the patient's life was saved.

Periostitis, with cerebral abscess, is almost invariably fatal, yet in one case we had all the symptoms in the case, and notwithstanding it recovered.

Neuralgia of the *plexus tympani* is a very protracted disease. It was treated by sedatives of opium, belladonna and tonics of nux vomica with quinine, to give tone and vigor to the nervous system.

Effusion of Serum into the Tympanic Cavity or Middle Ear.

Instead of the usual mucous secretions, there are changes in the layers of the coats of the membrana tympani, causing opacity; or in some instances the membrane is so clear that one-half of it appears of a lighter shade than the lower part, which is of a dark gray. The boundary between the two is marked with a dark blue line; this line, according to POLITZER, has the appearance of a black hair lying upon the membrane. The treatment was the air-douche, used every second day, with restoration of the mucous membrane of the nares and pharynx to a healthy condition.

Nervous Deafness.

results from disease or injury of the internal ear, affecting the auditory nerve. The results of treatment are in the main the same as in similar affections of the optic nerve; treatment, galvanic current and the hypodermic use of strychnia or its salts. In sixteen cases, only two were improved.

Perforation of the Membrana Tympani,

by blows or foreign bodies, usually heals readily, if treated with care and without irritating applications. If of long standing, with edges covered with granulations, it is difficult to cure. Use a solution of nitrate of silver xx. to xl. grains to the ounce of water, the parts being cleansed with tepid water, and air introduced by the Eustachian catheter to rid the middle ear of any accumulation.

Acute Inflammation of the Membrana Tympani.

This affection is accompanied with violent pains in the ear, occurring suddenly with more or less fever and suppuration. Meatus dry, membrana tympani much inflamed, sensitive, opaque, dull, flat and thickened. Prognosis favorable, if treated promptly. Perforation one of the results, but this heals with care and perseverance. Our treatment is perfect rest, free leeching, cupping, or bleeding from the arm, with injections of warm water, glycerine or opium; and toward the termination, mild astringents and counter-irritation with the use of the air-douche.

In *chronic inflammation of the membrana tympani* there is no fever, and so little pain that the patient is not aware of his disease except by loss of hearing. There is no secretion of cerumen; the membrana tympani is more or less red, or very opaque, dense, with polypi or granulations upon it. Prognosis not favorable. Local and general treatment: The mucous membrane of the nares, pharynx, and Eustachian tube is in almost every case more or less softened, and secretes abundantly. A portion of tannic acid or pulverized alum is blown in through a rubber tube of the size of a large catheter, which is introduced into the pharyngeal space, in the neighborhood of the Eustachian tube, through the lower nasal opening. Instillation of solution of sulphate of zinc, or powders of protochloride of mercury are blown upon the membrane, while the patient is given iodide of potassium or bichloride of mercury; the Eustachian catheter or Politzer's air-douche being employed every second or third day. *Inflammation of the Eustachian tube* was treated by the means already spoken of under the head of acute aural catarrh; and the chronic form under that of chronic catarrh of the middle ear, with or without perforation. There are numerous kinds of apparatus, by means of which this portion of the ear is reached, and applications made which will be found in the author's work upon this subject.

The treatment of deaf muteism is a subject of much interest to the physician and philanthropist, and numerous means are now employed to improve their intercourse with their fellows; but we cannot enter upon this subject at this time, but hope to do so at some future meeting of the Society.

Recent Progress in Chemistry.

Mr. E. C. C. STANFORD says:—I wonder what Sir Humphry Davy would have said to any one who talked about stellar chemistry. That great man, in ridiculing the idea of lighting London with gas, triumphantly asked the fanatics who proposed such a wild scheme, whether the dome of St. Paul's was to be the gasometer? Yet we cannot imagine Regent street illuminated, or rather darkened, with dips again, and to us stellar chemistry has a real meaning. Who will venture to bound a science which reaches far away through space, and with unerring accuracy tells us the composition of distant worlds and distant suns? What can be more humiliating to our small intelligences than the reflection that a distant star will photograph its spectrum on a sensitive surface with the ray of light that left it when the oldest man in this room was a boy? What would the great father of British chemistry have said, had he stood in the lecture room of the Royal Institution, where his great discoveries were made, and seen the burning hydrogen extracted by our great countryman Graham, from a meteorite, the heat and light of another world: or could he look with Lockyer on the burning flames of hydrogen, which dart up from the sun to a hight of 50,000 miles, or could he read the flashing telegrams which run so rapidly round our world, that all our notions of time are completely upset, and we actually receive intelligence to-day which was sent to-morrow (Excuse the apparent absurdity; it only shows how powerless language is to keep up with human progress.) Had he lived with us, he would have seen a large city dependent entirely for its communication with the outer world by a marvellous kind of photography so minute that it enabled a pigeon to carry a proof sheet of the *Times* under its wing.

Reviews and Book Notices.

NOTES ON BOOKS.

We are occasionally asked about the various publications of general interest, which have from time to time appeared from the Surgeon General's office. We therefore append the following list, which will doubtless be interesting to many readers:

BARRACKS AND HOSPITALS.—A Report on Barracks and Hospitals, with Descriptions of Military Posts. Circular No. 4. Imp. 4to. cl. and sd., pp. xxxiv. and 494. *Washington*, 1870.

CHOLERA.—Report on Epidemic Cholera in the Army of the United States during the year 1866. Circular No. 5. Imp. 4to. sd., pp. xviii. and 66. *Washington*, 1867.

CHOLERA AND YELLOW FEVER.—Report on Epidemic Cholera and Yellow Fever in the army of the United States, during the year 1867. Circular No. 1. Imp. 4to. limp cl. and sd., pp. xl. and 156. *Washington*, 1868.

HIP-JOINT.—A report on Amputations at the Hip-Joint in Military Surgery. By GEO. A. OTIS. Circular No. 7. Imp. 4to. morocco gilt edges and sd., pp. 88. With 9 Illustrations and 30 Figures. *Washington*, 1867.

GUNSHOT INJURY.—A Report on Excisions of the Head of the Femur for Gunshot Injury. By GEO. A. OTIS. Circular No. 2. Imp. 4to. sd. pp. 144. With 3 Illustrations and 69 Figures. *Washington*, 1869.

HOSPITALS.—Approved Plans and Specifications for Post Hospitals. Circular No. 3. Imp. 4to. sd., pp. 4. With 5 Tables of Illustrations. *Washington*, 1870.

MEDICAL MUSEUM.—Catalogue of the Surgical Section of the United States Army Medical Museum. Prepared under the direction of the Surgeon-General, U. S. Army, by ALFRED A. WOODHULL.—Catalogue of the Medical Section of the United States Army Medical Museum. Prepared under the direction of the Surgeon-General, U. S. Army, by J. J. WOODWARD.—Catalogue of the Microscopical Section of the United States Army Medical Museum. By EDWARD CURTIS. Imp. 4to. half-morocco, sprinkled edges, pp. 664, 136, 162. Illustrated. *Washington*, 1866.

MEDICAL AND SURGICAL HISTORY.—Report on the Extent and Nature of the Materials available for the Preparation of a Medical and Surgical History of the Rebellion. Circular No. 6. Imp. 4to. half-morocco and sd., pp. 166. Illustrated. *Washington*, 1866.

BOOK NOTICES.

Consumption: Its Pathology and Treatment. To which is appended an essay on the use of Alcohol in the Treatment of Consumption. By WADE MINOR LOGAN, M. D., Philadelphia: S. W. BUTLER, M. D., 1872. 1 vol. 12 mo. pp. 90. Price, $1.

On the Treatment of Pulmonary Consumption by Hygiene, Climate, and Medicine, in its connection with modern doctrines. By JAMES HENRY BENNETT, M. D. etc. Second edition, New York. D. Appleton & Company, 1872. 1 vol. 12mo pp. 190. Price, $2.50.

Pulmonary Consumption: Its Nature, Varieties, and Treatment. With an analysis of one thousand cases to exemplify its duration. By C. J. B. WILLIAMS, M. D., F. R. S., etc. and CHARLES THEODORE WILLIAMS, M. A., M. D., Oxon., etc, Philadelphia, HENRY C. LEA, 1872. 1 vol., cloth, 8vo., pp. 315. Price, $3.00.

The above works present a very complete exposition of the most recent views, theories and experience concerning that disease which destroys more than the most fatal pestilence that visits our shores.

Of the three, that by Dr. WILLIAMS and his son, is the most complete. The elder Dr. WILLIAMS has been in practice forty years, and during the whole of that period, has been a close student of this disease. The earlier chapters treat of the pathology of consumption in considerable detail. The origin of the disease is traced to an abnormal condition of the bioplasm, originating from diverse sources. Family predisposition is looked upon as proven. Full abstracts of a number of typical cases are given, and a series of interesting statistics embracing one thousand cases in contributed by the younger Dr. WILLIAMS. The treatment recommended varies with the class of cases, but the general principles are always cod-liver oil, tonics, and pure air, which latter often involves change of climate.

On this latter question—that of climate—Dr. JAMES HENRY BENNETT'S work may be considered a leading authority. His present work is extremely practical. After a very brief review of the nature and causes of phthisis he devotes his attention to the means of cure, dividing them into bodily hygiene, climate, and the medical treatment of the complaint. As not only a physician of distinguished skill, but as himself a sufferer

from this justly feared disease, Dr. BENNETT deserves the most careful perusal. We do not find that his views differ materially from those of Dr. WILLIAMS, both laying great stress on the use of tonics, cod-liver oil, purity of atmosphere and a nutritious diet. Neither believes in any antidote or specific in the complaint, and both agree that no single course of treatment is adapted to any great number of cases. Both are free from prejudices and hobbies to a gratifying extent, and we are greatly pleased to see that both (or rather all three) writers coincide in the belief that the duration of the disease is far greater now than it was thirty years ago, and that cures are much more frequent.

Dr. LOGAN'S work aims to bring prominently forward the value of nitric acid in the therapeutics of consumption, and the general uselessness and injury of alcoholic beverages in the disease. How far he is correct in speaking of the nitric acid treatment as new depends on what he claims regarding it, for Dr. WILLIAMS (page 257) mentions it as in common use in 1840, and (page 261, 283) limits its employment to inflammatory cases. Dr. BENNET also speaks favorably of it, but both are far from giving it the unstinted praise of Dr. LOGAN.

Few writers, and few physicians will assent to Dr. LOGAN'S objections to alcoholic beverages. His theoretical objections seem to conflict with Dr. BENNET'S views (page 94), and in practice the moderate use of wines is recommended in the two other works as unquestionably beneficial. Nevertheless, Dr. LOGAN'S work is one based on careful observation, and deserves attentive consideration.

Medical Thermometry and Human Temperature. By C. A. Wunderlich, Professor of Clinic at the University of Leipsic, etc., and Edward Seguin, M. D. New York, William Wood & Co., 1871. 1 vol. 12mo., pp. 280. Price, $2 00.

This work consists of two parts, the first being an abridged translation of Prof. Wunderlich's well-known treatise on temperature in disease, by Dr. E. Seguin, while the second and shorter is by Dr. Seguin himself, and is entitled "Suggestions on Thermometry and Human Temperature."

Prof. Wunderlich's treatise is almost classical, and the phraseology he has adopted in describing the phenomena of clinical thermometry, though profuse in neologisms and involved, has been accepted in England, and will probably be generally received. His observations are of the closest and most satisfactory character, and contain a great deal of positive practical value. Indeed, the thermometer bids fair to rank with the stethoscope as a diagnostic aid.

The instruments, times and manner of taking of observations are fully described, their diagnostic and prognostic value estimated and the temperature variations in a number of diseases are laid down. The treatise is illustrated by a number of figures, showing temperature variations of a typical character.

Dr. Seguin's essay relates to medical thermometers, tables of temperature, the doctrine of clinical thermometry, thermometry in schools and families, tables of thermometrical equivalents, etc. It is written in his accustomed terse and vigorous style, and is replete with facts and suggestions.

Neuralgia, and the Diseases that Resemble it. By FRANCIS E. ANSTIE, M. D., Lond., etc. London and New York: Macmillan & Co., 1871. 1 vol. cloth, 8vo., pp. 296. Also, New York, D. Appleton & Co. Price, $3.50.

DR. ANSTIE is always an original, thoughtful and pleasant writer, and the present volume ably sustains the reputation he has already acquired. The obscure and difficult subject of neuralgia in his presentation assumes far simpler and more intelligible forms than in any previous treaties.

His diagnosis and treatment flow directly from his theory of the disease. What this theory is, and how boldly he holds it, are shown in a single sentence which we quote from page 110 (London Ed.): "I expect to convince most readers that the essential seat of every true neuralgia is *the posterior root of the spinal nerve in which the pain is felt*, and that the essential condition of the tissue of that nerve root is *atrophy which is usually non-inflammatory in origin.*"

Hence, the theories of a gout or rheumatic diathesis, inflammation of the neurilemma, etc., are discarded. A broad line is drawn between neuralgia proper, and those counterfeits which simulate it, such as the pains of hypochondria, locomotorataxy, alcoholism, syphilis, latent gout, chronic rheumatism, dyspepsia, spinal irritation, etc.

The fifth chapter of the first part is a very complete exposition of the true principles of treatment. The remarks relating to the general hygiene of the body, the mind, and the *emotions*, especially deserve most careful perusal by those on whom devolve the responsibility of guarding others against the attacks of disease.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, DECEMBER 30, 1871.

I. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1872—VOLUME XXVI.

To our Subscribers, one and all, old and new, we offer, with heartiest good-will, the compliments of another new year. It seems to us almost incomprehensible, yet it is nevertheless a fact that this is the *twenty-second* New Year that we have thus greeted some of them, while *many* others have received similar congratulations from us from ten to fifteen times—it being over thirteen years since the MEDICAL AND SURGICAL REPORTER first appeared in the weekly form. Many attempts have been made to establish weekly medical journals in this country, but with one exception, this alone has succeeded. The REPORTER has attained a *bona-fide* circulation which is exceeded by only one or two English medical weeklies. This fact, and the patent one of twenty-five bound volumes which may be found on the book shelves of many hundred physicians in different sections of the country, are a sufficient answer to the carpings of a few self-sufficient young men with whom (in their opinion) wisdom will certainly die, who "don't like the REPORTER because it contains too much nonsense"! The sense it lacks is a sense of *their* importance, and a sense of appreciation of the value of *their* contributions to medical science—at first-class prices! The field is open, such men can start medical journals to their liking—but to *establish* them—"ay, there's the rub"!

A remark of the eminent Professor H. L. HODGE—who had been an editor himself—made to the writer twenty years ago, will never be forgotten, and perhaps had much to do with making the REPORTER what it is. He reminded us that we occupied the position of a teacher, with a large constituency. The REPORTER is content to occupy the position of a teacher, and not be so exalted a scientific journal as to shoot over the heads of seven-tenths of its readers. It will not give up its pages to mere theory and speculation while thousands of physcians in the country are ready and willing to contribute *practical* information. The REPORTER being an independent journal, frequently publishes articles that are not exactly to the liking of its editors, but there will seldom be found in its pages anything that will not give instruction to some among its thousands of readers.

The REPORTER begins 1872 with a larger subscription list than it ever had before, and with better prospects for the future. Let its friends throughout the country continue to aid us as they have done in the past, by their contributions, and by their efforts to extend our circulation, and they will *in that proportion* add to the value and usefulness of the REPORTER.

We close these remarks with two or three extracts from recent letters. A distinguished physician of New Jersey of acknowledged high intellectual, moral and social standing, writes—"I have taken the REPORTER from the commencement" (in 1847) "and value it more and more as time advances." An intelligent correspondent in Arkansas says—"I have files of the REPORTER since 1860, and money could not buy them. If I get befogged I have only to turn to its pages, and in some number I am sure to find a similar case reported." Another in Tennessee, who pos-

sesses a full set of the REPORTER bound from 1858 to the present time, says—"Your journal, permit me to say, is so complete a Medical Library in itself, that to the regular practitioner it is a necessity. It certainly has no superior, and but few equals. I cannot afford to do without it and want it in a form to preserve." *Verbum sat sapienti.*

THE VALUE OF RECORDS.

We are not of the opinion of Mr. BUCKLE, the learned historian of England, that the substance of all human wisdom is to be found in the sifting and collation of statistics. But no one who has paid attention to the origin of many important social improvements can deny that they have very generally been suggested by facts of this nature.

The value of records, of general average, vital statistics, and similar combinations is apparent no less in the profession of medicine than in the science of political economy. Many means have been devised by which full and accurate reforms of this nature can be secured, and in this country, where we lack the completeness of organization so customary in the civilised States of the Old World, such a discussion is a most useful one.

The statistics of most of our large cities are collected in a more or less careless manner, and cannot be relied upon as furnishing any positive data for study. One of the most prominent reasons is a vagueness in the nomenclature of diseases. No doubt this often arises from a vagueness of diagnosis on the the part of the medical attendant, and sometimes from a desire not to hurt the feelings of a family by stating the actual nature of a disease. We have known, for instance, delirium tremens to be reported congestion of the brain, and in one instance a death from chloroform sent in as hemorrhage!

In the country districts no returns at all are made, and hence we are quite unable to form a just opinion of the relative longevity of different portions of a State.

On a previous occasion we have called attention to the proposition, heartily received in England, for a registration of disease, and adverted to its significance in medical studies. With us, if this is done at all, it must be by the efforts of individual practitioners. These can report at the end of a year, for example, the actual number of cases of each disease they have met and the results. A body of such statistics would yield the material for a most instructive volume, the results of which would be highly beneficial to society at large.

No great amount of labor would be required to organize a number of observers willing to undertake the plan. We see how useful are the two volumes of medical statistics of the U. S. army, and how frequently they are referred to in medical works, both at home and abroad. Yet these only relate to an exclusively male body of middle-aged and young adults, of exceptionally good physique, and hence give no true conception of the general healthiness of a district.

Notes and Comments.

Cundurango.

The Chicago *Pharmacist* gets after the new cancer remedy as follows: It can hardly fail to cause the heart of the American pharmacist to bound for joy to know that Dr. BLISS, from blissful Washington, has announced the blissful intelligence that a cargo of cundurango has arrived in New York, which will be furnished to the profession at the highest possible prices. "See the conquering hero comes!" The very name cundurango has a high and mighty conquering sound—sweetly blended of High Spanish, Guinea Nigger, Fiji, and Whang Doodle. Dr. BLISS has taken steps to Hemboldize the drug at once. We will soon see it marching on across the Continent, side by side with the other heroic names which, by the magic of paint and cheap blacking, blazoned on every bridge, fence and crag, from the Atlantic to the Pacific, have been stencilled upon by the great American heart.

If cundurango has any virtue as a pharmaceutical remedy, it is a very great pity that it has been prejudiced by the exceedingly objectionable conduct of Dr. BLISS, and it is to be hoped that this mess of potage for which

e sold his birthright in the profession of ledicine, will fail to yield him the immense evenue which, no doubt, he expected to re- eive as the price of his apostasy.

Croton-Chloral.

Dr. OSCAR LIEBREICH has lately been en- aged in investigating the physiological and herapeutical properties of a new organic com- ound called croton-chloral, which is formed y conducting chlorine gas into allylene. A eculiar action of this new substance in ani- als is, that at first a high degree of anæthe- a in the head is produced, while sensibility i the other parts of the body remains intact. he second stage is, that the spinal cord oses its functions, and reflex excitability is verywhere extinguished. During that stage oth pulse and respiration remain unchanged. he third stage, which is induced by large oses, is characterized by paralysis of the edulla oblongata and death. Animals may, owever, be kept alive by artificial respira- ion, because the function of the heart is not nterfered with; while the ultimate effect of ydrate of chloral is to paralyze the heart. he first therapeutical experiments with the ew compound were made in the University linique of Berlin. Complete anæsthesia of he fifth pair of cerebral nerves was produced n a child, reflex excitability in the other arts of the body continuing unchanged at the ame time. Pulse and respiration remained xactly the same during the whole time of the arcosis. Further experiments in insane pa- ients showed that we possess in croton-chlo al a remedy by means of which the brain may e profoundly narcotized without any other unctions being disturbed, while by chloral ot only the brain, but the nervous system ltogether, is rendered anæsthetic, and the eart's action is diminished, which must lways constitute a source of danger.

Dr. JULIUS ALTHAUS (who reports these in- estigations in the *Medical Times and Gazette*) onsiders, therefore, that croton-chloral pro- ises to produce all the good effects of hydrate f chloral without any drawback being at- ached to its judicious use. Its apparently pecific effects on the fifth pair of cerebral erves makes us indulge the hope that it may erhaps be found useful in that most intract- ble affection—true tic douloureux, or epilepti- orm neuralgia of the face.

Analysis of Milk in New York.

Dr. SCHWEITZER, assistant professor in the school of mines of Columbia College, New York, has had occasion to analyze a very large number of specimens of milk, gathered by the sanitary inspectors of the Board of Health, and it was a satisfaction to hear him say that he had never found any other adulteration than water. The popular impression, that chalk, calves' brains, and similar unappetizing impurities are added by milk dealers, appears to be erroneous. The chief results obtained by Dr. SCHWEITZER were as follows: Normal milk has the specific gravity of 1·029, and contains from 12¼ to 13 per cent. solid constituents. Two out of numerous analyses, afforded:

Water	87·81	87·23
Butter	3·23	3·81
Casein (cheese)	3·57	3·71
Sugar	4·69	4·46
Ash	0·70	0·79

The best specimens of condensed milk gave: water, 53·54; butter, 13·12; casein, 14·14; sugar, 16·30; ash, 2·60. In the preparation of the condensed milk, 430 quarts were condensed to 100, and the solid constituents increased from 12·55 to 46·46 per cent. These results appeared to warrant the suspicion that 378 quarts had been reduced to 100; but by making the correction, called for by the fact that the quart was a measure of volume while all the determinations were made by weight, the company were found to have actually started with 430 quarts to make 100 of the condensed article. The ashes of milk are rich in phosphates and alkalies.

Vaccination Statistics.

The following statistics are taken from the Essay on Vaccination, by EDWARD BALLARD, M. D., University College, London:

1. As regards the decreased mortality from small-pox since the introduction of vaccination.

In London, from 1750 to 1800, 9.6 per cent. of all the deaths were from small-pox. As vaccination became more extensively practiced, the deaths from small-pox decreased as follows: From 1810 to 1820, 4.2 per cent. 1820 to 1830, 3.2 per cent.; 1830 to 1840, 2.3 per cent.; 1840 to 1850, 1.8 per cent.; 1850 to 1860, 1.2 per cent.

In Austria, Prussia, France, Denmark and the British Islands, the decrease has been

strongly marked. We give that of Austria, as the dates are more uniform than elsewhere.

Average annual death-rate from small-pox, per million of population.	1777 to 1806.	1807 to 1850
Lower Austria	2,484	340
Upper Austria and Salzburg	1,421	501
Styria	1,052	446
Illyria	518	244
Trieste	14,046	182
Tyrol and Voralberg	911	170
Bohemia	2,114	215
Moravia	5,402	255
Austrian Silesia	5,812	198
Gallicia	1,194	516

2 As regards the comparative fatality when small-pox attacks those who have been vaccinated and those who have not

Place and time of observation.	No. of cases observed.	Percentage of cases terminating in death. Among the unprotected.	Among the vaccinated.
France, 1816-41	16,397	16	1
Cant. Vaud, 1825-9	5 838	24	2
Milan, 1830-51	10,240	38½	7½
Carinthia, 1831-5	1,626	14¼	¼
Lower Austria, 1835	2,287	26	11¼
Bohemia, 1845-55	15,649	30	5
London, Small-pox Hospital, 1836-56	9,000	35	7
Vienna Hospital, 1837-56	6,213	30	5
Wirtemburg, (no date given)	6,258	39	3½
Malta, no date	7.570	21	4

3. *As Regards Vaccination.* In Wirtemberg in five years, among 84,248 re-vaccinated adults, there were but two cases of small-pox, while among 363,298 adults having been vaccinated in infancy only, there were 1,058 cases. One successful re-vaccination at or after puberty is all that is required to supplement the infantile vaccination. This is attested by the experience of many physicians, and many statistics too scattered to be quoted here. The cicatrix should be well marked.

4, *As Regards the Communication of other Diseases by Vaccination.* Numerous English, French and German physicians, some of whom have vaccinated over 40,000 children each, testify that they have never known a case of such communication. A few physicians testify to a few isolated cases of the contrary. If they exist, therefore, they must be extremely rare. But there is reason to suppose that in these cases the disease has been communicated otherwise, for certain French and German physicians have tried to communicate syphilis and scrofula in this way, and have failed in every case.

Chloral for Toothache.

Dr. PAGE, in the *British Medical Journal*, recommends chloral hydrate as a local application in cases of toothache. A few grains of the solid hydrate introduced into the cavity of the tooth upon the point of a quill speedily dissolves there; and in the course of a few minutes, during which a not unpleasant warm sensation is experienced, the pain is either deadened, or more often effectually allayed. A second or third application may be resorted to if necessary.

Garbage.

It is reported that distillers are experimenting with a process for making spirits from fermented garbage. This repulsive matter is placed in water-tight vats and boiled for several hours, the grease is then carefully skimmed off for soap-making purposes, and the remaining mass is fermented and distilled. The refuse is used as manure. It is stated that a barrel of garbage yields three pounds of soap grease and four gallons of proof spirits.

A New Styptic.

Collodion, 100 parts; carbolic acid, 10 parts; tannin (Pelouse's), 5 parts; benzoic acid (from gum), 5 parts. Mix the ingredients in the order above written, and agitate until perfect solution is effected. This preparation has a brown color, and leaves on evaporation a strongly adherent pellicle. It instantly coagulates blood, forming a consistent clot, and a wound rapidly cicatrizes under its protection.

Correspondence.

DOMESTIC.

Careless Surgery.

EDS. MED. AND SURG. REPORTER:—

Permit me to give you the result of a specimen of "Homeopathic Surgery." Mr. C., a carpenter by profession, æt. 37 years, about 5 feet 7 inches in height, a well-formed stalwart man, was precipitated to the ground from a frame building. The fall resulted in a thoracic dislocation of the head of the humerus. Mr. C. was brought to my office, but being in the country on professional duties I could not render the desired service. Consequently he was taken to the office of Mr. ———, one of our six months homeopathic pretenders.

HAHNEMANN had never seen the like before. The oracles were consulted, and Mr. C. was permitted to smell infinitesimal quantities of chloroform for a space of one hour and a half, but all to no good. Then with tape in hand the arm and forearm were carefully measured, and it was decided to give, as a means of *gradual elongation*, 1-1,000,000 part of a grain of tartar emetic; then again meas-

jured the arm and forearm and finally concluded to make extension. Extended one hour, with now and then a slight *trituration*, when young HAHNEMANN pronounced the head of the bone in its natural place. Then with a bandage applied to the shoulders the poor fellow was sent home. Last Saturday, about four weeks after the occurrence of the accident, Mr. C. came to my office to be examined, saying he could not use his shoulder. I found, on examination, that the head of the humerus was buried under the pectoralis major, far back and partly under the clavicle, the upper half of the arm close to the chest. Before attempting to remove the luxated bone I determined, for my own professional safety, to call in my friend, Dr. W. BERCH, of this city, who, when he arrived, examined the patient and fully corroborated the diagnosis that I had formed of the case. We determined to bleed him; accordingly we opened a vein in both arms and took away three pints. We also administered nauseating doses of antimonii et potassæ tartras, then selecting the proper time we placed our patient upon the well side and our heel in the axilla, and made extension obliquely downward and backward, then slightly forward as the head of the bone approached the glenoid cavity, and to our great delight and the satisfaction of all who witnessed the operation, we both felt and heard the head of the bone resume its wonted place, and to-day we find our patient doing well and in fine spirits, with every prospect of a speedy recovery.

Yours truly,
T. R. POTTER, M. D.

Fredericktown, Ohio, November 28, 1871.

Fatty Tumor.

EDS. MED. AND SURG. REPORTER:

A. J. H., æt. 57 years, a farmer of temperate habits, thirty-two years ago had a large rising in the right axilla, which was opened and discharged a sanious pus. The rising got well. About two weeks after its disappearance he discovered in the same locality a small lump the size of a pea, which enlarged slowly until 1863, when it took on increased action, and enlarged rapidly until it extended, in 1868 (the first time I saw it), to three inches below the anterior and superior spine of the ilium, pyriform in shape, feeling in some parts hard, in others soft, doughy and elastic, free from pain and tolerating the rudest manipulation; measuring forty-five inches in circumference, at its greatest diameter.

During all this time, from 1832 to 1868, his general health had not been impaired, but the size, weight and friction against the side compelled him to have a sack made and attached or suspended from his opposite shoulder in which to carry this unwelcome companion. At this time I advised its extirpation, but the protestations of his friends were so great against its excision and as he had never experienced any inconvenience as to health, he "chose rather to bear the ills he had, than fly to others that he knew not of." In the fall of 1870 there came a papular and vesicular eruption, upon the tumor. By a confluence of the vesicles an ulcer was formed and an opening made, whereby a very profuse and offensive amber colored liquid was discharged. This drain continued a few days and the opening healed up. In July 1871 the eruption returned as before, and an opening followed large enough to introduce three fingers, offensive pus flowed in a stream at times for two weeks, the supernatent portion of which showed large quantities of oil globules; the vent again closed. In a few days, I, becoming satisfied there was pent up fluid, again opened it with a bistoury, and a quart of fetid matter came away.

At this time he was having some fever every day, and so emaciated that he was scarcely able to sit up long enough to have the dressings changed, as he wore a wheat bran poultice to the tumor. At this time (in August) he, with his many friends, determined upon an operation as soon as the weather got a little cool, as it was excessively warm at the time. I immediately increased the medicine he was then taking, as follows:

℞. Tinct. ferri chloridi, f℥j.
Quiniæ sulph., ʒij. M.
S.—Twenty drops of this to be taken in f℥ss. whisky three times daily with good nourishing food.

He improved upon this treatment for some weeks, and got able to sit up the greater part of the day, when I found he had œdema of feet and legs. I examined the urine, found it acid in reaction, no albumen. As he was doing well excepting the œdema, and I had to be absent some ten days, I postponed the operation until my return, ordering him to stop the use of whisky, but to keep up the iron and quinine.

Oct. 17th—I in company with Drs. YANCEY, WHITESIDES and MCFADDEN, proceeded to the house of the patient, and enucleated this mass of fat weighing 21 pounds. I found it supplied by two arteries coming off from the axillary.

The patient recovered from the operation without any untoward symptoms save slight sympathetic fever a few days after the same.

A. H. SCOTT, M. D.,
Dover, Ark., Dec. 5, 1871.

New and Successful Treatment of Small-Pox.

EDS. MED. AND SURG. REPORTER:

Well knowing the interest of the profession and the public in the treatment of small-pox, at this time, will you allow me, through your extensively circulating journal, to give *my treatment*, which has been very successful? in fact, has been as much a specific in my hands, as quinine is in intermittent fever; and not only in my hands but also in the cases of Dr. A. H. BOYER, of Bridesburg.

Considering *small-pox* purely a *blood poison*,

and the eruption an effort of nature to throw off or eliminate that poison, I concluded to strike at the root of the disease, and direct my treatment solely to the eradication of that poison. For which purpose, I gave a solution of 2 grains of carbolic acid, and 15 or 20 grains of sulphite of soda every three (3) hours, *with no other* treatment than an ordinary purge during the initiative or forming fever. The result, after several months' trial with myself and son, has been that in *every case of variola* and confluent small-pox, on the fourth day of the eruption, the swelling of the face abated, the pulse fell to a normal rate, and the tongue commenced cleaning, the eruption commenced to dry up, and the pustules withered and *shrivelled*. By the seventh and eighth day of the eruption the patient was convalescent, without a sign or mark of having small-pox after the slight desquamation of the light scales, or scales fell off.

In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally, any soothing or cooling application for the first three days is all that is required, to allay the itching, etc.

N. B.—I am not satisfied that this treatment is a protection from future attacks of small pox, from the fact that it eliminates the poison from the blood, and dries up the eruption, etc. I believe that it leaves the system in exactly the same condition in which the disease found it. I think vaccination is required after the disease.

D. P. BOYER, M. D.,
256 *North 9th St., Philadelphia.*

The Comitia Minora.

EDS. MED. AND SURG. REPORTER:

Though you disclaim responsibility for statements made by correspondents, it is presumed that you do not put in that disclaimer for your editorials. I therefore take the liberty of requesting you to give publicity to a few remarks upon your editorial of the 9th inst., touching the action of the *comitia minora* of the medical society of the county of New York, in the SAYRE-RUPPANER case. As a member of that *comitia minora*, while I am prohibited by the injunction from communicating any history or report of the proceedings in the case, no court forbids my assuring you that were you informed of the truth in the whole matter, you, as I believe, would be the last men to publish the sentiments and the statements your editorial contains. The views you entertain can have their origin in a total misconception of the facts only. They are based upon the statements in the published affidavit of RUPPANER, which in all important respects is totally false, and greatly libelous. You have thus been led into the error of supposing that the *comitia minora* undertook, or rather were ordered by the society to undertake an inquiry into the charges, with the foregone conclusion that they would result in a recommendation of expulsion.

It is due to the society, to the *comitia minora* and to you, that I assure you that this is quite the opposite of the fact. Individually and, as I have reason to believe, every member of that *comitia minora* will say the same there was no sympathy with either SAYRE or RUPPANER in the *comitia*. With you, they all agreed that the whole affair reflected no credit on either party, and was totally unnecessary and puerile. I feel at liberty to suggest to you that before waxing vehement against the *comitia minora*, it would be quite as well to be certain that any injustice has ever been committed by its members against RUPPANER. It has never exacted anything of him that was not also exacted of SAYRE. This I assure you upon personal knowledge. Neither SAYRE nor RUPPANER had any valid excuse for objecting to anything asked of them by the *comitia minora*.

Neither should have had any reason for suspecting that the report of that *comitia minora* would have included a recommendation of expulsion. The *comitia minora* certainly did not commence the inquiry with the idea that the offence was one—even if the charge had been sustained—demanding expulsion.

RUPPANER was voted expelled from the society on an entirely different issue, and should the time come when his judge will allow the *comitia's* report you will see that you have done its members a deep injustice, and have taken up the advocacy of the case of a professional outlaw. Yours truly,

STEPHEN ROGERS., M. D.
New York City, Dec. 20, 1871.

News and Miscellany.

Departure.

Dr. GEORGE H. NAPHEYS, of this city, well known for his valuable treatise on "*Modern Therapeutics*," and other medical publications, left for Europe on the 16th of December. He expects to visit the principal medical centers of the Old World, and we hope to lay before our readers occasional letters from him on matters of professional interest in Europe.

Bromide of Potassium.

The increasing use of bromide of potassium (says Mr. E. C. C. STANFORD), another of chemistry's contributions, would have been impossible, were it not for the extraordinary discovery of an apparently evaporated sea water bed in Germany. The amount of bromide consumed in medicine is now enormous, and most of it is derived from this source. The same mines have also completely changed our sources of potash; they produce far more than all the other sources of England and

France put together, and have so reduced the price that carbonate of potash is now largely made in this country at a price which competes most favorably with American pearlash, and will ultimately drive it out of the market. Bromide of potassium is an instance of a substance long used in medicine before its valuable properties were discovered.

MEDICAL PATENTS.

—List of Medical patents, issued from the U. S. Patent Office to American inventors for the week ending December 12, 1871, and each bearing that date, furnished by Cox & Cox, Solicitors of Patents, Washington, D. C.: Plate for Artificial Teeth, G. Morrison, Palmyra, Wis.; Dental Forceps, N. A. Durham, Duquoin, Ill.; India Rubber Supporters for the Anus, H. Greentree, Baltimore, Md.; Medical Compound for Treatment of Constipation, C. A. Simmons, Waldo, Fla.; Disinfecting Compound, H. A. Tilden, New Lebanon, N. Y. Trade Marks: Medicine, E. Chilis, Philadelphia, Pa.

QUERIES AND REPLIES.

How to Administer Chloral Hydrate.

Dr. R. H. M., New York, writes: "Can you, in 'Queries and Replies,' inform me (and at the same time many other readers), the length of time hydrate of chloral may be allowed to remain in solution, in water or syrup, and be safely administered? I have often seen it stated that time effects a change, but never noticed the length of time specified."

Answer.—Chloral hydrate should not be prescribed in solution or mixture, excepting when it is to be used *immediately*. The proper way to administer it is as follows: Procure a number of small drachm vials, well corked—homœopathic vials answer the purpose very well—weigh out your doses of *pure chloral hydrate*, 10, 15, 20 or 30 grains, and put them into the vials, and securely cork them, and administer as required by dissolving in a little sweetened water. *Never let it stand in a state of solution.* In ordinary cases, we should prefer the smaller doses mentioned above, repeated in fifteen minutes to half an hour, till the desired effect is produced.

OBITUARY.

JOHN W. GALE, M. D.

A called meeting of the Butler County, Ohio, Medical Society, was held at the office of Dr. C. Falconer, Hamilton, Ohio, December 13th, at 3 P. M., to take action in regard to the death of John W. Gale, M. D.

Doctors Scobey (President), Falconer Huber, McNeeley, Caldwell, Morris, Brown, Beeler and Beauchamp were present.

On motion, Drs. Falconer and Beauchamp were appointed a committee to draft resolutions expressive of the feeling of the members respecting the death of their late associate.

The following was submitted and unanimously adopted:

WHEREAS, Dr. John W. Gale, a member of this Society, died on the morning of the 12th inst., we think it fitting and proper to take action as a Society on the occasion.

Resolved, That in our acquaintance with Dr. Gale we have recognized the Christian gentleman.

Resolved, That he has shown himself to be a scholarly physician, well read in his profession, making it a business to keep himself up with the progress of medical science. In professional intercourse he was distinguished for modesty and faithful regard for ethical honor and respect for the right and feelings of others.

Resolved, That we tender our heartfelt condolence with his family and friends in their bereavement, and that so far as practical, we will attend his funeral obsequies.

C. FALCONER, M. D.,
H. BEAUCHAMP, M. D.

Drs. Caldwell, Falconer, Scobey, Huber and Beauchamp gave their personal endorsement to the report and expressed their appreciation of Dr. Gale's character as a professional brother; each paying an individual tribute to his worth, in language both fitting and sincere.

The Secretary was instructed to publish the proceedings in the city papers, and to send a copy to the family of the deceased.

H. BEAUCHAMP, Sec'y.

MARRIED.

BUTLER—WHITE—December 21st, at the First Presbyterian Church, Stapleton, Staten Island, by the Rev. J. E. Rockwell D. D., Henry L. Butler, Jr., and Cornelia, daughter of the late Dr. S. P. White.

EWING—ORR.—By Rev. A. C. Ehrenfeld—Dec. 6th, Dr. James R. Ewing, of Mahoning, Pa., and Miss Sadie M. Orr, of Marion, Pa.

GIBSON—WARREN.—At Boston, on the 12th inst., Charles H. Gibson and Rosamond, second daughter of the late Dr. J. Mason Warren.

JEWETT—WOOLLEY—On the 27th day of the 12th month, at the residence of the bride's parents, New York, by Friends' ceremony, Dr. Charles T. Jewett and Anna S., daughter of Wardell Woolley.

JONES—ROBERTS—In Hanover, New Hampshire, Dec. 16th, by Rev. H. E. Parker, D. D., at the residence of the bride's father, Chester Roberts, Esq., Dr. Eli G. Jones, of Lebanon, and Miss Cynthia S. Roberts, of Hanover.

JONES—MARSHALL—In Lancaster, New Hampshire, December 12th, by Rev. Lyman Clark, Dr. Dan Lee Jones and Emma Frances Marshall, both of Lancaster, N. H.

LYMAN—WOODS—On November 30, in Manhattan, Kansas, by the Rev. E. Gale, Dr. L. J. Lyman, of St. George, formerly of Trenton, N. J., and Miss Mary E. Woods, of Zeandale.

RISK—WOODRUFF—December 20th, by the Rev. Charles A. Smith, D. D., Wm. H. Risk, M. D., of Philadelphia, and Miss Sophia, daughter of George D. Woodruff, Esq., of East Orange, New Jersey.

WEISTLING—SMITH—December 19th, by the Rev. J. L. Smith, J. Weer Weistling, of Harrisburg, Pa., and Miss Emma E., only daughter of Charles G. Smith, Esq., of Vandalia, Illinois.

WOODS—GOFF—December 12th, by Rev. B. M. Kerr, John D. Woods, M. D., and Miss Lidie J. Goff, all of New Castle, Pa.

DEATHS.

BOYDEN.—Dr. Ebenezer Boyden, a wealthy retired physician, aged 70, of Billerica, Mass., committed suicide Dec. 24th, by hanging.

BRIDGE.—Of pneumonia, at his residence, No. 115 Remson street, Brooklyn, Joshua F. Bridge, M. D., aged 49 years, 1 month, and two days.

DWINELLE.—At his residence, in Baltimore, Md., Dec., 9, of typhoid fever, Dr. Justin Dwinelle, aged 49 years, late brigade surgeon in the Army of the Potomac.

COLLINS.—Dr Stephen Collins, a well-known citizen of Baltimore died suddenly in that city, Dec. 16th.

DE WITT.—Dr. William C. De Witt, aged 75, and the oldest physician in Ulster county, New York, fell dead at a patient's bed-side, near Saugerties, Dec. 26th.

DORPHLEY.—At Metropolis City, Illinois, Dec. 14th, Martha C., wife of Dr. L. H. Dorphley, and daughter of the late William Steel, of this city.

GUNN.—In New York, suddenly, Thursday, December 21st, Alexander N. Gunn M. D., in his 61st year.

HARBERT.—At Bayfield, Wis., December 24, 1871, Dr. Edwin A. Harbert, in his 49 h year, eldest son of Charles Harbert Esq., of Philadelphia.

MILLER.—Dr. John A. Miller, of L gonier, Westmoreland county, Pa., of diphtheria, December 12, 1871.

PATTERSON.—On the 17th inst., at Avonmore, Delaware county, Pa., in the 80th year of her age, Mrs. Helen H. Patterson, widow of Dr. Robert M. Patterson, formerly professor in the universities of Pennsylvania and of Virginia, and director of the mint of the United States.

THE

MEDICAL AND SURGICAL REPORTER

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A SINGULAR CASE IN OBSTETRICS.

By Robert Cline, M. D.,

Of Redwood, Jefferson County, New York.

The following anomalous case will probably interest some of your readers:

March 3, 1871, 7 *o'clock P. M.*, called in haste to see Mrs. W. Purse, American, æt. 49 years; spare habit, nervous temperament, height five feet; primipara. She has been regular in her terms up to conception; has not menstruated since last week in April, 1870; thinks she first perceived fœtal motion about September 5; expected confinement sometime in January, 1871; has regular uterine contractions at intervals of from five to ten minutes.

I make a digital examination; I meet great difficulty in introducing the finger, owing to the abnormal sensitiveness and irritability of the parts; find os situated very high in the posterior portion of vagina; os rigid and undilatable. I could detect through the cervix uteri what I diagnosed to be the fœtal cranium. Patient shows great nervous excitement; pulse, 108 beats per minute; 12 o'clock, P. M.; os still rigid and undilatable. I annointed the parts freely with ext. belladonna; 2 o'clock, A. M., pains increasing in force and frequency, with no perceptible advance of labor. Ex. sulph. morphia, g. ¼.

March 4, 6 *o'clock, A. M.*—Patient has had two hours of sleep; seems somewhat refreshed. Labor still abnormal; pulse 140 per minute. 12 o clock M.—There is much cerebral disturbance with pulse 160 per minute; ex. ver. irid., ℞. x., which quickly brought the pulse to 108 per minute; ex. ver. iride g. ij, every hour. Six o'clock A. M.–Pulse 90 per minute patient more comfortable.

March 5, 8 *o'clock, A. M.*—Patient free from any pain; says she feels quite easy. After instructing her nurse to give me timely notice should patient feel worse, I take my leave.

March 8, 8 *o'clock A. M.*—Called in haste find much mental derangement; insomnia with tendency to convulsion. Nurse informs me that patient has not had any sleep during the last 48 hours.

℞. Chloral hydrate, gr.lx.
Bromide potassium, gr.xx.
Syr. tinct. bal. tolu, ℥ij. M.
Sig.—One teaspoonful every thirty minutes

After fourth dose she fell asleep, and after six and a half hours awoke free from any bad symptoms. I instructed the nurse to repeat if necessary and advise me of any change.

March 12, 6 *o'clock, A. M.*—Again called in haste; on arrival find patient screaming, and tossing her extremities as in acute chorea or puerperal convulsion.

℞. Chloral hydrate, gr.xxx.
Bromide potassium, gr.x.
Syr. tinct. bal. tolu, ℥ij. M.

In thirty minutes I repeat, and in a short time she is asleep. 12 o'clock M.—Patient is awake; has no pain; says she feels quite comfortable; has not felt labor pains since March 4; pulse, 84 per minute.

April 4—Complaining of very uneasy feelings over the lumbar and dorsal regions; has some labor pains, but not severe. Examination showed the parts *in statu quo;* pulse, 80 per minute.

April 10—Bowels costive and tympanic

urine scant and loaded with albumen; feels, as patient expresses, "sick all over."

℞. Ol. resini. ʒj.
Spirit terebinth., ʒj.
Tinct. opii, ♏ xxv.

And, after a free action,

℞. Fluid ext. buchu, ʒij.
Comp. tinct. iodinii, ʒij.
Nit. ether, ʒiij. M.

Sig.—One teaspoonful three times daily.

April 15—Patient again in labor; pains frequent and severe, os still rigid and undilatable.

I confess, I was greatly puzzled with my case, as after an extensive practice of forty years as a physician and obstetrician, I have not met with its parallel. I, therefore, called in counsel my esteemed friend, N. M. DAVISON, M. D., Theresa, who very kindly responded to the call, and after a careful examination of the case, confirmed my diagnosis of *protracted labor*. He did not advise manual or instrumental interference; recommended the patient to rest, in the cheerful hope of a safe delivery, etc.

6 o'clock, P. M.—Severe labor, but without any correspondent benefit; patient exhausted and worn out. I give ex. sulph. morphia gr. ¼; pulv. doveri gr. v. 11 o'clock, P. M.—Patient is asleep.

April 16, 4 *o'clock*.—She awakes free of pain and cheerful. April 24—Patient has had two convulsive fits since 3 o'clock, P. M.; on my arrival was entering to a third. It is similar to those of March 12.

May 10—Patient again in labor; examination indicates no alteration in the parts, with exception of the abdomen, which has shrunk much in volume since last visit, say 10 or 12 inches. There has been no discharge of liquor amnii, lochia nor mucus. The mammary glands are active, secreting from 1½ to 2 pints milk during the 24 hours. She says she has not perceived any motion from the child since April 26.

June 6—I continued to see my patient every few days up to date, during which time she seem to enjoy comparative comfort. To-day, 6th of June, being the semi-annual meeting of the Jefferson County Medical Society, I had the honor to bring the case before that body, who kindly offered many suggestions, but failed to give any solution to or hypothesis calculated to satisfy my mind.

July 11, 8 *o'clock, P. M.*—Called again in great haste, messenger saying that Mrs. P. was dying. On arrival find patient in very severe travail; examination shows the os dilated to the size of a silver-quarter dollar; I lose no time, but exhibit ℞ fl. ex. ergot ʒj, and repeat every twenty minutes after the fourth exhibition. I examine, and find the head has escaped from the uterus. I now introduce two fingers of my left hand to guide the forceps, and having seized the head, by using gentle traction and repulsion in imitation of nature, succeeded after some two hours of toil and anxiety, in delivering what proved to be the remains of a once full-grown, but now much attenuated, female child.

It measured in length thirteen inches; circumference round the sternum six inches; weight eleven ounces.

There is no escape of liquor amnii, no mucus, no lochial discharge. It is a *dry labor* indeed.

After removing the child, I endeavored to deliver the placenta first, by using gentle traction, but the cord being small and tender, I did not feel justified in using much force. I therefore introduced my finger into the vagina, in hope of stimulating the uterus to action, and thereby throw off the secundines. Judge of my surprise and chagrin to find the cord firmly embraced by the cervix uteri; the placenta retained in uterus. There being neither hemorrhage, convulsion, nor symptom of fever, I conclude to wait and watch the efforts of nature.

July 15—Cord has separated from placenta; patient has a cadaverous look.

℞. Permangan. potass., ʒj.
Aquæ, Oij.

S.—Inject and bathe the parts freely. M.

July 17—A small portion of placenta is discharged. Examination finds the os flaccid and dilatable.

℞. Fl. ext. ergot, ʒj.

I repeat in fifteen minutes, when the uterus, with one violent contraction, throws off the remainder of the placenta, and about ʒviij. coagulated blood and serum.

July 24th.—Since last date patient has made steady improvement, and is now cheerful, hopeful and happy.

November 28th.—Patient called to-day at my office, and affirmed that she has enjoyed better health since her confinement than she did for many years previously, and declares that she still lives in the hope of becoming a mother.

In looking over the case, I find several points of interest, to which I would call attention.

1st. The patient's age. A primipara at 49 years is certainly no common occurrence.

2d. The length of time occupied in gestation, say from April 20th, 1870, to July 12th, 1871, 436 days.

3d. What became of the liquor amnii? And why had we no lochial discharges?

4th. Did the convulsion fits of March 12th and April 24th, by some unaccountable means, cause absorbtion of the liquor amnii, and consequently death of fœtus?

5th. There being no discharge from the uterus, what caused the shrinking of the abdomen?

6th. If the liquor amnii, and lochia were absorbed, why had we not pyæmia, metritis, peritonitis or other attendant evils?

BLOOD-LETTING IN DISEASE.

By Harvey L. Byrd, M. D.,

Professor of Obstetrics in Washington University, of Baltimore, Md.

It may seem strange to some that it should be thought necessary by any one to call the attention of the profession, at the present day, to so ancient a remedy as blood-letting, and particularly to claim for it the highest rank as a therapeutical agent. And yet the writer feels that it should be done in the interests of humanity, if for no other motive or cause. It constitutes no part of his purpose, however, to attempt a history of the remedy or to epitomize even its leading parts and great achievements in the past, further than may be necessary to a presentation of the advantages it is capable of affording in the treatment of disease at the present time. It is proper to remark, in passing, that it shared the confidence, to a greater degree, of those physicians whose names have come down to us as the great intellectual luminaries of the ages in which they lived, than any other remedy whatsoever. Though shrouded in the impenetrable darkness of the unknown past, the use of blood-letting in the treatment of disease was, doubtless, like many other agents, the result of accident, and at a period nearly, if not quite, coeval with the creation of the tribes of the higher order or varieties of the human race.

In looking down the shadowy corridors of the past, we find it occupying high position in the healing art. Hippocrates places it, so to speak, at the top of the list of therapeutic agents, and speaks of it as a remedy familiarly known and used, or practiced for the relief of disease by others as well as himself. Asclepiades, a Greek physician of great renown, who practiced in Rome more than a hundred years before the Christian era, resorted to blood-letting to a considerable extent. He also used scarification with cupping in the treatment of certain morbid conditions. Aretæus was not only an advocate of the several methods of abstracting blood in vogue at the present time, but was among the earliest, if not the first, to practice arteriotomy. In speaking of him Haller says: "*Arterias incidit ante Galenum, in temporibus et ad aures, alibique.*" Then the methodic sect, Celsus and Galen, were all the warm advocates of blood-letting. The Arabian physicians, of whom Avicenna was the most prominent, and justly distinguished, adopted the practice of the Greeks in all essential respects.

The Egyptians resorted to blood-letting in all its varieties. Paracelsus notwithstanding his elixirs, used blood-letting quite extensively in the treatment of disease.

With few exceptions, including the periods from Paracelsus, and revival of learning in the fifteenth century, on down to the first quarter of the present century, blood-letting has had for its champions and supporters the brightest intellects of the profession. The second quarter of the nineteenth century has had fewer prominent advocates for the use of our remedy than probably any equal period of time in its history; and that, too, when neither superstition nor religious fanaticism can be regarded as having exerted any influence on the practice of the remedy. Why, then, has bleeding been so little resorted to within this period? Is the type of disease more *asthemic* than formerly? Or are there remedies of *equal* efficacy that have been substituted for sanguinous depletion? As the writer is voluntarily on the stand before the public, it is proper he should furnish such testimony as he may be able from long and varied experience, and in doing so, he flatters himself that satisfactory answers will be given to some of the above interrogatories.

In offering his experience with the lancet, no arrogation of superior sagacity, or claims of

better acquaintance than others with morbid phenomena is attempted, but simply a statement of some of the beneficial effects witnessed from its use in a great number of cases, in a practice extending over a period of nearly thirty years, between the thirtieth and thirty-ninth degrees of north latitude. No hesitation is experienced in pronouncing the lancet *sans pareil* in the treatment of a large number of the diseases to which flesh is heir, in several of which *fashion* has unfortunately inhibited its use in these latter days. Even age and experience in practice being forced in such cases to yield to the inexorable demand of the fickle goddess. Where the following conditions and circumstances receive, as they always should, careful consideration, before an important remedy is administered for the relief of morbid action, viz.: Race, age, sex, temperament, previous and present condition of the patient, bleeding will, when called for, yield results of a more highly satisfactory character than *any other* remedial agent!

The effects of sanguineous depletion are marked, and unmistakable in the production of antiphlogistic, sedative, antispasmodic, and alterative impressions on the system. It will thus be seen in what a large number of cases it may be resorted to with great advantage in their treatment.

In *all* inflammatory diseases, when properly timed under a judicious appreciation of the above-named conditions, the writer of this article has no hesitancy in denominating the lancet the most scientific, as it certainly is the most efficient and valuable, agent in our present list of therapeutical resources. If there is one single fact in the whole range of our professional observation or experience that may be certainly regarded as established, and beyond the possibility of contradiction or satisfactory refutation, it is the utility, nay more, the indispensable necessity for sanguinous evacuation, in the prompt and scientific treatment of inflammation! Just here we are strongly tempted to disregard our intention when commencing this article, and go somewhat into detail concerning our experience with the lancet in the several forms of inflammatory disease. But a moment's reflection assures us that a volume might easily be filled with such cases, much less, all the pages of the REPORTER could they be devoted to us exclusively, and we must therefore hasten to the mention of other conditions, in which the most gratifying results have been experienced from blood-letting.

In cerebritis, arachnitis, apoplexy, congestion, or extravasation, in the eclampsia, and in fact, in almost every form of cerebral disease, the lancet is the most important remedy at our command. In certain conditions of the brain it is not only simply *indispensable to the successful termination of the case, but often the only remedy necessary* to be used at all. It is often not only the best, but frequently the *only* remedy capable of relieving the obstinate constipation resulting from inflammation of the muscular coat of the intestines. In hernia, in the rigidity and spasm of the os and cervix uteri, in labor, to say nothing of other conditions of muscular spasm, and contraction beyond the anæsthetic reach of chloroform, and, lastly, its alterative action, is quite manifest in promoting the absorption of fluids in various cavities and situations of the body.

In conclusion, it is contended that *the necessity for the use of the lancet is as great at the present time as it ever was in the past*, and that the type of disease has undergone no such change as to render the abstraction of blood unnecessary or improper in the successful management of *all* cases attended with a full tense and quick pulse.

This subject is one of great moment, yet capable of easy comprehension and satisfactory demonstration, and as such the careful attention of the junior members of the profession is respectfully and earnestly invited to it. We feel warranted, from our long experience, in saying that any intelligent physician, who will resort to the lancet in a few cases calling for its use, will not be likely to lay it aside afterward, though he should encounter the jeers of some or the *quasi* assent of others, who might entertain from early training, or other cause, prejudice against its use. And such we feel assured will be the testimony of all who have not sacrificed the lancet on the altar of fashion. The aid of the profession is invoked for the purpose of placing once more on the stage of usefulness a remedy which has played so important a part in the almost entire history of our therapeutics.

MEDICAL CHITS.—No. II.

By Alexander S. von Mansfelde, M. D.,

Of Chicago, Ill.

"*Mundus vult decipi.*"

The public at large asks for medicines that are small in bulk, mild in action, but powerful in result. They are used to see the world in a nut-shell; why not also the arcanum for life's preservative in a homœopathic moiety. They feel best when most deceived, and we are sorry to say that only too many physicians have run the broad highway career with them. *Mundus vult decipi* has become their watch-word, and they forget that they themselves are a parcel of this deceived world. How would the fathers of medicine frown upon these, their crippled children, if they could call them to account to-day; they had for every little ailment a medicine *that would help*, and these have no *remedy at all*. How the powers of nature must have changed since then. Indeed, they grew more effective with the intellect of the race. The disorder that was cured by a remedy two thousand years ago vanishes to-day by the grave-faced Æsculapian's assertion, that nature will help itself.

Why, then, have we a chair of medicine-action (*therapie*) in medical colleges. The faithful teacher is every moment interrupted by thousands of chimeræ; indeed they are lion-faced enough, who throw out the fire of contradiction, which devours only too many victims, having the form of suffering mankind.

Who has not met with a physician (permit us to use this name for a physician, he little deserves it,) who will be brazen-faced enough to assert in the face of his clinical teachers, that *for this little patient little could be done*, and *he was too weak to admit of any drugging?* Do you see him walk side by side with the quack and patent medicine vender singing, *Mundus vult decipi?* Place them as you please, the worst one will be always on the right side, and their success is just as universal. *Their patients die*, and the mourners remain to bow to a higher power, and to praise the *humane physicians* who troubled the dear dead with none of the bad-tasting mixtures. *Their patients live*, and every one is amazed, beholding the will of the doctor, who, like the Deity, made *all of nothing*.

Messrs. Editors, I would not fill the space of the Med. & Surg. Reporter with my tirade, if you had not long ago drawn the attention of your readers to this very subject, and if I had not a most striking proof to report.

In July, 1870, a mother brought her eleven-month old babe into my office, at that moment having most violent convulsions. I used sedatives; they were of no avail; gave depressants; no better; administered chloroform, and the convulsions stopped as long as the child was under its influence, but returned again and again. While stupefied by the chloroform, I examined the child and found on the forearm a hard swelling, accompanied by an erysipelatous redness, and from what I could elicit from the mother and grandfather, no doubt remained that this was a case of poisonous insect or vermin bite, and equally certain it was that the little sufferer would not live long, as he was very delicate.

Seeing the origin of the disorder, we directed our remedies to the local cause, and used emollients, aq. ammonia and belladonna ointment, but unfortunately we had no time to wait for the good effect of these applications, for the convulsions returned with increased violence. Now we urged incisions into the diseased skin; but this was not consented to. What next?

We do, as you know, by no means believe in much experimental therapeutics, but making this time a virtue of necessity, we tried chloral hydrate in ten grain doses, and not having read of its action in this connection, we anxiously watched its course. The first dose was given at ten o'clock P. M. A few minutes after the last fit, and about ten minutes after its application, the child commenced to grow quiet and continued so. We directed another dose at one A. M., and a third in the morning if the child should not sleep; this was done, and when I saw the child again, I found it in a slight perspiration, having the appearance of a babe that cried much and was very tired before it fell asleep. The little irritation passed away during the day, the weariness remaining, and in this condition it remained full twenty hours from the time it had taken the second dose, to all observation a sleeping child, but with this difference, that slight noise or touching would not be noticed by it; but as soon as the mother put her breast to the child's mouth it would commence to nurse. I had her repeat this several times,

when she first drew my attention to it, and at intervals again, with the same result.

Meantime we kept linseed meal to the swelling, which had not come to its utmost development when we commenced the use of chloral hydrate. After suppuration was completed, which was very extensive and rapid in its course, we opened the arm and about a teacupful of thin, bloody pus escaped, which was no encouraging sign: yet the wound healed rapidly.

We believe that this child would have died had we not used the chloral hydrate, at least everything admitted such prognosis. What would have been the result had I listened to the latter day doctrine, "MUNDUS VULT DECIPI," and *permitted mighty nature to wend its way;* does it not finally always lead to the valley of death for every living organism?

In conclusion, a few remarks on chloral hydrate. Most physicians prescribe it in solution, which should not be done, as the very nature of the chemical forbids any such admixture. It has also been given with glycerine; I tried it and found the taste of both so much altered that a reaction between them is certain, destroying the identity of the drug and its final action. I recommend the following mode: Moisten white sugar with tincture of tolu and dry, then mix double the amount of the saccharum tolutanum with one part of chloral hydrate, and make a fine powder; put this in oiled paper capsules, and inclose in a wide-mouthed bottle. I give these powders with the following direction: To mix the powder in a spoon with some jelly, *not acid*, and take this, followed by some water flavored by the same preserves. We should never hesitate in *giving medicines*, but strive to make them as *pleasant as possible.*

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

December 20th, 1871.

Surgical Clinic of Prof. GROSS.

[REPORTED BY DR. RALPH M. TOWNSEND.]

Seminal Emissions.

A young man, æt. 24 years, who has suffered with spine disease, since his ninth year, applies to the clinic for relief on account of nocturnal seminal emissions. They are usually, though not always, accompanied by dreams of a lascivious character, thus showing, even during sleep, an interchange of communication between the cerebellum and the genital organs. These emissions occur about once a week.

Although an involuntary emission is somewhat under the control of the will, it may become absolutely involuntary after a long course of masturbation or sexual indulgence. These emissions are not always, as is commonly supposed, the result of onanism; for they may be produced by hemorrhoids, fissure of the anus, a long and tight prepuce, want of cleanliness of the head of the penis, prostatic difficulty at the orifices of the ejaculatory ducts, or solely to the state of the brain, particularly the cerebellum, which is supposed to preside over the sexual apparatus. It is well known that when the occiput is injured, for instance by a gun-shot wound, inordinate sexual appetite is often thereby awakened.

Prof. GROSS cited a case of a man that was shot in the cerebellum and in consequence of which his sexual desires became so strong that he even attempted intercourse with his mother and sisters, and they had to abstain from entering his room. Works on military surgery, as those of GUTHRIE, BALLANTINE and others, make reference to cases of this kind.

The purest minded man may have these emissions as the result of a broken down nervous or digestive system, or the seminal fluid may be so collected within the vesiculæ seminales as to cause undue distension and congestion, and hence a nocturnal emission results. Indeed, a man who completely abstains from all sexual intercourse will be likely, even in the most perfect health, to have an emission once a month.

It is well for a patient who suffers from an affection of this kind, to make a light supper; and he should see that the bladder was well emptied before retiring, as well as promptly voiding the urine that collects during the night, so soon as he is made aware of its presence. All errors of secretion and digestion should be corrected; and if morbid sensibility of the urethra exists, it should be injected with a solution consisting of three grains of the acetate of lead to an ounce of water. If the undue sensibility exists at the outlets of the seminal ducts in the prostatic urethra, cauterize them, using for the purpose the operator's urethral paste-caustique. A sound was introduced into the patient's urethra, but no undue sensibility was excited. He has some dyspepsia. His emissions generally occur in the morning, about "the time of the crowing of the cock." This patient was ordered to dash cold water against his genital apparatus before getting into bed; to sleep upon a mattrass, and to take internally

R.	Elix. cinchonæ calis.	ʒjss.
	Acid nitricum dil.,	gtt.viij.
	Strychniæ sulph.,	gr.1-16. M.

S.—Take the above quantity three times daily.

Also:

℞. Morphiæ sulphatis, gr. ½.
Cocoa butter, q. s.
Ft. in suppository, j. M.
S.—Introduce into the bowel at bed-time.

Also:

℞. Liq. plumbi subacetatis, ʒj.
Aquæ, ℥x. M.
S.—Inject into the urethra twice in the 24 hours.

Amputation of the Finger.

Francis Ralph, æt. 30 years, a carpenter, cut his middle finger at the first phalangeal articulation with a hatchet. It is now anchylosed at a right angle, and decidedly interferes with the use of his hand. The anchylosis is undoubtedly long, and there can be no such thing as straightening this finger by subcutaneous division of the tendon. The only thing here is amputation, and this was performed while the patient was under the influence of chloroform, at the metacarpo-phalangeal articulation, the oval method being followed.

The amputated finger was given to Mr. West, one of the members of the class for dissection. This gentleman, by skilful work, made a valuable preparation of it, showing clearly that all joint structure at the seat of injury was totally destroyed, the parts being firmly united by bony union. The distal articulation, however, retained its integrity.

Destructive Specific Inflammation of both Eyes.

A gentleman, æt. 60 years, a native of the interior of the State, has an affection of both eyes of a most unpromising and unfavorable character. If, in our own persons, we apply a finger upon the upper eyelid, to the ball of the eye, we find quite a degree of resistance, greater than would be supposed were this method untried. When the eye, however, is diseased, accompanied by partial destruction, or absorption of its humors, we will find this density or consistence of the eye greatly diminished, the want of resistance in both these eyes, upon pressure, being strikingly apparent. This inflammation was brought about by wet and exposure, the eyes having previously suffered in a result of *early indiscretion*.

Examination reveals the cornea flattened and in contact with the surface of the iris; the pupil is closed with lymph in a state of organization, and total blindness is the result. There is no pain in the eye. In the opposite eye the consistence is comparatively good, but the pupil is almost completely closed, the patient being able to discern light but not objects.

Beyond all question there is in the interior of these eyes such changes as would cause loss of vision, even if what was external and apparent could be remedied by an operation. Nothing, therefore, in the way of an operation, will be done for this patient.

ALBANY HOSPITAL.

Surgical Clinic of Prof. J. H. Armsby.

[REPORTED BY T. D. CROTHERS, M. D.]

Disease of the Maxillary Antrum.

This man was taken with a severe pain under the right eye. Soon after a discharge came on from the right nostril, very offensive. This continued until he came under my charge, a month ago. A careful examination convinced me that this was a collection of fluid in the antrum. The anterior wall was thin, and glided with a parchment like crepitation, on pressure. I perforated above the first bicuspid; no matter escaped; then I introduced the small nozzle of a syringe, and threw in warm water, which flowed out freely at the nose, bringing away a large quantity of most offensive muco-purulent matter, slightly tinged with blood. I am now injecting the cavity daily with a solution of water and carbolic acid, of the strength of five grains to the ounce of water. This discharge has ceased, and the improvement is rapid. I have told you the antrum may be the seat of fluid or solid collections; that the solid growth may be simple or malignant; if it is fluid, and the opening with the nose closed, the walls of the antrum will bulge out in one or more directions and the cavity be enlarged; if upward, it encroaches on the orbit; if inward, it closes the nostril; if downward, it depresses the roof of the mouth. When there is no bulging or deformity the matter flows through the opening into the nose. The discharge is greater and more offensive in the morning. The fluid above the opening flows out during the recumbent posture, but a large quantity remains below this opening and finally becomes putrid. His general health is good, and the local treatment will be continued, with an occasional tent in the perforation in the mouth, to keep it open for injection.

Calculus in the Female.

This lady has suffered from pain and uneasiness, with some discharge of granular matter from the bladder, for several years. She has been treated for chronic catarrh and other diseases without benefit. The history and symptoms of the case led me to suspect calculus. On examination I found a large stone that gave a dull sound to the instrument. The urine was found to contain phosphates in abundance. After dilating the urethra a few times, I introduced Thompson's lithotrite and seized the stone without difficulty. It crushed easily. The bladder was washed out and a large amount of debris came away. The patient was directed to remain quiet on her back and make no efforts to urinate, but retain the urine as long as possible, then pass it in a horizontal position. Mr. THOMPSON thinks that the fragments become water-worn and smoother by remaining in the urine as long as possible after the crushing.

On this principle I waited after the crushing some twenty minutes before I allowed any effort to pass the debris from the bladder; with a sound I am satisfied that no fragments remain, and the bladder seems healthy. I have washed it with a solution of chlorate of potash and carbolic acid. The recovery is complete and unusually rapid, and she has gained twenty-five pounds in a few months since the operation.

Hydrocele.

This patient received an injury in the scrotum, resulting in severe inflammation. When it subsided there was a collection of fluid in the vaginal tunic of unusual appearance. The fluid was behind, forming a tumor of quadrangular shape, with the testicle on the upper and anterior part very prominent. I detected fluid; punctured and drew of twelve ounces or more. It soon filled up and required another tapping.

He comes now determined to have a radical cure if possible. I shall tap with this thocar, and after the fluid is drawn off, introduce this pencil through the canula, and paint the interior of the sac with tincture of iodine, which, I trust, will cause sufficient inflammation to close up by adhesion the cavity of the tunica vaginalis. [The operation was performed and ten ounces of clear fluid removed.] You will distinguish hydrocele by its slow growth, from below upward; its pyriform shape; its fluctuation and transparency when the sac is thin, and the absence of impulse or coughing. The tumor is painless and indolent; the skin natural; there is a dragging weight in the loins. Always, when in doubt, take your patient in a dark room, place a strong light beyond the tumor, when its transparency will be evident. If the sac is very thick the transparency and fluctuation will be obscure. Study the diagnosis closely in these cases, for, not unfrequently, able surgeons have been mistaken.

Urinary Calculus.

Here is another case, in a boy 17 years old. He has been under treatment over two months for catarrh of the bladder, without any relief. I examined him this morning and detected a stone in the bladder. There is much irritation and general nervous prostration present. I shall order injections of chlorate of potash, warm water and dilute carbolic acid into the bladder to allay this irritation. This, with DOVER'S powder at night, and the usual supporting treatment, will so far improve his general health that I hope soon to attempt the operation of crushing, which I think will succeed in his case.

Vesical—Calculus.

This man, 68 years of age, came to my office three years ago with this history: He had suffered five or six years from disease of the bladder; passed bloody urine and pus, and had great pain in the glans penis and perineum. Various remedies were used with no relief. His health was much impaired, anæmic and emaciated, with bleeding hemorrhoids, and extreme mental anxiety. I found a large phosphatic calculus, measuring over an inch (in the lithotrite), in his bladder. Here, if I wished to determine the presence of another stone, by grasping this one and moving it from side to side, the concussion, if it came in contact with a stone, would be audible. In this way I have determined the presence of two or more calculi. In this case the stone was large and rough, requiring five different sittings to reduce it to fragments that would pass the urethra. He returned home apparently cured. A few months after he returned, and since then he has had repeated attacks of inflammation of the bladder and hemorrhage. The prostate is greatly enlarged and diseased, and there seems to be a tendency to frequent acute attacks of inflammation. I gave him sweet cream, cod liver oil, tonics and stimulants, as the present symptoms indicate. I have repeatedly assured myself that no calculi is present. For the last year there has been improvement in all his symptoms, and general health, and I hope he may recover.

Medical Societies.

TOMPKINS COUNTY (NEW YORK) MEDICAL SOCIETY.

(REPORTED BY M. M. BROWN, M. D.)

This society held its annual meeting at the Clinton House Hotel, Ithaca, New York, Thursday, October 25, 1871.

Members present: Drs. Fitch and Briggs, of Dryden; Dr. Moe, of Groton; Drs. Brown Peck, Sackett and Wheeler, of Ithaca; Drs. Lewis and Farrington, of Trumansburg; Dr. White, of Trumbull's Corners; Drs. Carrier and Seabring, of Newfield.

In the absent of the President, Dr. Chase, of Jacksonville, Dr. Moe, of Groton, was appointed to fill the chair *pro tem.*

Minutes of last meeting read and approved.

Dr. H. C. Hendrick, of Cortland County Medical Society, and Prof. Hyde, of the Geneva Medical College, were then introduced to the society.

The Treasurer, Dr. Lewis, reported that some ($40) forty dollars, deposited by him in the Trumansburg Bank, had been lost by failure of said moneyed institution. It was resolved and passed that the treasurer be absolved from all obligation pertaining to said loss.

After other preliminary proceedings, such as election of new members, etc., Dr. White read the history of a very interesting case of aneurism.

The subject of the doctor's remarks was a man some forty years of age, who had served

his country as a soldier on ship-board, where he sustained an injury by falling several feet, striking upon the deck of the steamer.

From the date of this injury the patient complained of severe pain in the left groin and hypogastrium. He lost his desire for food, and grew very thin in flesh. He consulted several celebrated physicians and surgeons in New York, and received no benefit. The pain still continued, and in the region of the pain tumefaction presented itself.

About two years of constant suffering brought the patient down to his bed. A council of doctors was called by Dr. White and the friends of the patient. The groin, and even the left hypogastrium, was found to be immensely swollen, and the integument very red and shining. Palpation proved conclusively fluctuation.

Dr. Farrington auscultated the tumefied parts, and claimed that he detected the characteristic bruit of aneurism, he being the only physician that ever stated such an opinion. There were physicians who advocated opening the swelling, giving it as their opinion that pus existed there. Nothing but palliative treatment was recommended by the council. The patient consumed morphia in abundance, to allay the intense pain, taking even as many as five grains in twenty-four hours. In a few weeks after the consultation the sufferer succumbed.

A post-mortem examination sustained Dr. Farrington's opinion: an immense tumor was found corresponding with the external enlargement. A very large aneurism of the abdominal aorta, containing some three pints of blood, was removed. Surrounding said arterial tumor was a great sac filled with a peculiar liquid, not unlike bloody pus. This peculiarity, no doubt, very much obscured the diagnosis.

The question was raised by the society, whether it is usual for such intense pain to accompany aneurism, and Prof. Hyde was called upon to give his opinion. The professor said that aortic aneurism was often quite difficult of diagnosis, and he believed, as a general rule, but little pain accompanied these tumors when existing within the cavity of the thorax or abdomen. The case presented by Dr. White was one of great interest, owing in part to its history and complications.

A compliment and vote of thanks was here paid to Dr. Brown and his lady for providing a dinner for the society.

Dr. A. Patterson (not a member) was present, and by invitation made the following remarks: I am strongly opposed to quackery in all its forms. I am aware of the magnitude of the wrong resulting from counseling with charlatans and mountebanks. He signified his disgust for the homeopathic system of medicine, nevertheless he had consented to visit families latterly where homeopathic doctors were in attendance upon patients; but he never compromised the regular profession one iota on such occasions. He knew nothing of little pills, nor did he believe the medicine used by such quacks had any efficacy whatever.

Dr. Patterson has practiced medicine for fifty years and upward, and is still able to go about among the sick during the day. He has been censured by the meeting for consulting with irregular practitioners, and by invitation visited our society, and explained, as above stated, how far he fellowshiped and countenanced homeopathy. He stated that he had been called to treat five ladies, with puerperal convulsions, within the past few years, four of them in Ithaca, and one in Cortland county. They were all under homeopathic treatment; all having had tincture of aconite administered to them. He had formed an opinion, or hypothesis, based on the testimony of Dr. Salisbury, Analytical Chemist for the State of New York, in the year 1853, that aconite produces congestion of the uterus, and hyperæsthesia of the nervous plexus connected with the womb, and that reflex action consequent upon said irritation was the cause of these cases of puerperal eclampsia. Dr. Salisbury was employed to analyze a stomach of a lady who was supposed to have died from poison, administered by her husband. The chemist found aconite in the stomach, and also a highly congested state of the uterus and its appendages. He testified that he believed aconite given in more than one drop doses would produce serious uterine irritation, if continued any great length of time, in many cases.

It is a fact that immense quantities of this poison is dealt out annually by all classes of physicians, and we have no doubt many times it does injury to those to whom it is administered.

Dr. M. M. Brown gave the particulars of a severe case of gunshot wound, ninety-three duck-shot having been driven into the wrist, with wads, powder and gas, the muzzle of the gun resting against the flexor tendons of the radial side of the forearm. The contents were driven up along the bones to the elbow joint, completely riddling several muscles, and bursting the integument and fascia, a distance of six inches. By applying carbolic acid washes and chloralum solution, the sloughing was prevented in a great measure and the arm saved, though it is partially anchylosed at the elbow joint.*

A new constitution and fee bill was adopted by the Society.

The officers for the ensuing year are Dr. Moe, President; J. D. Lewis, Vice President; S. P. Sackett, Secretary; M. M. Brown, Treasurer; S. H. Peck, Librarian; Censors, Drs. Wheeler, White, Fitch, Davis and Farrington; Delegates to the American Medical Association, Drs. Moe and Peck.

*The joint was filled with shot.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Manufacture of Sugar from Beet Root.

The *Journal of Applied Chemistry*, August 1871, says in reference to sugar:

This indispensable article of consumption is too necessary to the health and comfort of the people to depend for its production entirely on that part of the realm, the climate of which admits of the growth of the sugar-cane. There are seasons when the shortness of the crop, from any cause whatever, so far affects the price, that many branches of industry suffer in consequence, a great diminution in household comfort is experienced by the scarcity of an article necessary to render many varieties of food palatable, or even eatable.

We learn from the *California Farmer*, that the Alvarado Sugar Co. bids fair to be successful in the manufacture of sugar from the "beet root;" having been in operation only a few months, they have consumed about 3,000 tons of beets, and made half a million pounds of sugar. California has the advantage of other countries, on account of the immense yield of all its vegetable productions, but whether the beets raised there will yield an equal amount of saccharine matter pound for pound with those raised on the Atlantic slope, has not yet been made a matter of careful experiment.

Besides the advantages resulting from having cheap sugar, eventually a large amount of the money which goes to pay for that imported could be kept at home. The facilities afforded by this manufacture for increasing the number of cattle which can be kept in those districts where it would be carried on, is a matter, the importance of which is of the highest consideration. It is stated that "in one district of France the introduction of beet culture has increased the number of oxen from 700 to 11,500." With the facilities of increasing the number of cattle kept we would have cheaper meat and cheaper hides, and, consequently, a diminution of the prices of all those necessary articles of consumption in which leather forms so important a part.

Experiments were made last year at the Massachusetts Agricultural College Farm, by Professor GOESSMAN, in the matter of cultivating the beet and determining the per centage of sugar contained in the juice, with very satisfactory results. The people of Massachusetts should be among the first to introduce this new branch of manufacture, in whose State the agricultural interest is said to be on the decline. They have the soil favorable for the production of this root, and their skill in adapting all kinds of machinery to the purpose required is proverbial.

The Commercial Culture of Hops in the United States.

Mr. EMMET KANNAL says, in the *American Journal of Pharmacy* for June, 1871, on this subject:

The vines are trained to twine around poles with the sun, by tying them on with strings. In the State of New York, where they are very extensively cultivated, great care is taken. A piece of high and dry ground is selected, and men attend to the setting out, training, trimming, picking and drying, at the proper time. Hop vines are generally set out during the spring months, and bear a crop of hops the same year. The usual time for gathering comes about September 1st, before any frost has appeared, which very much deteriorates them. To determine when they have come to maturity, and are ready to pick, is designated by the condition of the strobiles and the general appearance of the seed, which should be of a dark brown color and hard; the scales then commence to loosen, and when at this stage the strobiles should be collected. They are then dried, which is best done by artificial heat, great care being requisite not to apply too much heat, which would drive off the volatile principle, and render the hop unfit for market, through the loss of their lupulin in packing.

The total product of hops in the United States in 1850, was little more than three millions pounds; while in 1860, it had increased to nearly eleven millions pounds, and of this amount the State of New York produced nine millions pounds. In the year 1861, about eight million pounds were exported.

Hops, when packed in bales, are sometimes adulterated, the outside consisting of good hops, while the interior is filled with hops deprived of the lupulin, and sprinkled over with lycopodium and powdered rosin to hide the fraud.

I have obtained from one pound of fair commercial hops, 1¼ oz. lupulin; from a pound of fresh New York hops 1 oz., and from fresh Philadelphia hops ⅞oz., averaging 1 oz from the pound, or 6¼ per cent. The smaller yield in the last two cases was due to the fresh condition of hops.

Is Puerperal Fever Contagious?

This is discussed by W. W. VINNEDGE, M. D., formerly resident physician in the Cincin-

nati Hospital, in the *American Practitioner*. He says:

The question of the presence of contagion in puerperal fever is old as well as important. Opinions of leading medical men are at variance on this subject, and not less so now than formerly. Anything then in the way of experience and observation will, I believe, be acceptable, the attention of your readers having recently been called to the subject by the excellent general article in the last number of the *Practitioner*. I believe experience in the Cincinnati Hospital through two separate epidemic attacks supports the doctrine of contagion, and it is to the course of the disease during these attacks that I desire to call attention.

Puerperal fever first appeared in the hospital during the month of January, 1869. At that time the building had been occupied but a few months, and even then only a portion of it was completed—the south pavilions. At the outbreak of the disease the lying-in-room occupied the third floor, Central avenue side, and was immediately above the male medical ward on the second floor, and the male surgical ward on the first floor. During the time the disease prevailed several cases were reported—I do not now remember how many—and two deaths occurred. Soon after the disease manifested itself it was discovered that the ventilation, which was new and had not been thoroughly tested, was faulty, and that foul air from the medical and surgical wards, to a greater or less extent, passed into the obstetric ward. As soon as this was ascertained it was remedied, the patients moved to another portion of the house, and the disease ceased to exist. I may also say that at the time several cases of erysipelas, one of pyæmia, one of gangrene, and one of pyæmia following an operation for stone, existed in the surgical ward below. This was the explanation of the origin of the outbreak.

The disease appeared a second time in the obstetric ward, on the last day of October, 1869, attacking a primipara with chill four days after delivery. During the time of her attack—one month—seven well-defined cases were treated. No deaths occurred.

At this time the obstetric ward occupied the second floor, and was immediately above the female medical ward. As the disease manifested itself, it was ascertained that a severe case of erysipelas had been treated in the ward last named. It was also known that the ventilation in the female medical ward was defective, and I remember that it was charged that it was the only ward in the house where ventilation failed to approach satisfaction. Whatever the origin of the disease, once it was established, it attacked every woman delivered, and passed into the lying-in ward notwithstanding the efforts made to prevent it by window ventilation, the liberal use of disinfectants, and perfect cleanliness. Finally the women not already confined were removed to another part of the house into an unoccupied pavilion, the puerperal patients being left where they were taken ill. Separate house physicians and nurses were assigned to the wards, and the disease disappeared.

Since I have referred to the influence of surgical air upon lying-in patients, I may give another instance having a bearing in the same direction—a slight one, it is true, but still noticeable. Late in the year, during the service of Dr. M. B. Wright, it was noticed that patients in the lying-in pay ward recovered from their confinements slowly, and that red tongue and frequent pulse were not uncommon. The explanation, it seemed to me, was to be found in the female surgical ward being on the floor immediately below.

Cases Treated with Chloral.

Dr. T. MORE MADDEN, of Dublin, has in the *Journal of Materia Medica* some illustrative cases of the use of this drug, some of which we extract.

Odontalgia.

E. McD., æt. thirty, a woman two days previously confined of her sixth child, was in great pain from violent toothache, which prevented her from sleeping since her confinement. She was in semi febrile condition from the pain, her pulse about 100. I gave her 15 grs. of chloral in draught; this gave her immediate ease, and within a few minutes produced sleep, which lasted for three hours. She awoke talking incoherently for a few moments, but continued free from pain.

Insomnia with Threatened Puerperal Mania.

March 30, a woman, æt. about forty, unmarried, was delivered of her second child after a natural labor, at 10 A. M. She was in great distress of mind; did not sleep for three nights; talked wildly; got out of bed and insisted on going home the day after her confinement; manifested an aversion to the child. On the evening of April 2, she took 20 grs. of chloral, and half an hour after fell asleep, and slept for the first night since her admission into hospital, three days before delivery. Next morning she was much better.

Insomnia.

February 28.—A. G. æt. twenty-six, suffering from debility after confinement and hemorrhoids. A very nervous, excitable woman, unmarried, in a very despondent frame of mind. On the night of the 25th and 26th slept very poorly, last night did not sleep at all. When she drowses is awakened by fearful dreams; manner abrupt and peculiar; appears not far from being insane; tongue dry and covered with white fur; pulse 104; countenance pale and anxious; complains of great headache and palpitation.

℞. Chloral hydratis, ʒj.
Tinct. valerianæ ammoniat, ʒiij.
Infusi valerianæ, ℥vj. M.
S.—ʒi. every two hours.

March 1st.—After taking the second dose of the mixture, she went to sleep; passed a good night, and awoke decidedly better. This medicine was then continued for some days with marked benefit.

Delirium Tremens.

February 10th.—I was sent for to see a young man who had been drinking hard for several days, but had stopped drinking three days ago, and did not sleep since. He was in a state of great nervous excitement; his face pale and anxious; skin cool and moist; pulse quick, small and compressible; tongue furred and tremulous. His wife informed me that she, her servant and two friends, had passed the last couple of nights keeping him in bed, from which he was endeavoring to escape. He had taken no nourishment whatever for three days; complains of great thirst, which he had been striving to slake by copious draughts of cold water, vomited as soon as swallowed. Ordered milk and soda water in small quantities, and the following draught:

℞. Hydratis chlorali, grs. xxx.
Potassii bromidi, grs. xxx.
Aquæ camphoræ, ℥ii. M.
S.—Fiat haust.

This was given at 11 P. M., when his pulse was 106. In 15 minutes his pulse continued as before; in 30 minutes, pulse 102—fell asleep. He slept all night; awoke more tranquil, and took some soup. Next night he had 20 grains of chloral; slept well, and rapidly convalesced.

Rigidity of the Os Uteri During Labor.

February 28.—A primipara, æt. 22, admitted in labor, has been in labor since 10 P. M., on the 26th. On the 27th, at 11 P. M, os size of a florin, thick and rigid. On 28th, at 8 P. M., the os being still in the same condition, though, in the meantime, she had been treated in the ordinary manner, by warm baths, opiates, and solution of tartar-emetic, I resolved to try the effect of chloral, and ordered the following draught, which was given at 8:50 P. M., her pulse being then 100:

℞. Hydratis chlorali, grs. xl.
Mel despumat, ℥j.
Aquæ cinnamomi, ℥j.
S.—Fiat haust, statim sumend. M.

At 9 P. M.—Asleep, pulse 90. 9:10 P. M.—Asleep, pulse 88. 9:38 P. M.,—Roused for a moment, had a pain, and settled down again. 10 P. M.—Asleep, not very soundly; was examined; no change in the condition of the os uteri. 10:15 P. M.—Having been restless and in pain for the last quarter of an hour, was ordered a second draught, with 20 grains of chloral; in all one drachm in one hour and twenty minutes. After taking draught, she at once fell asleep again. 11 P. M.,—Still sleeping soundly. At 3 A. M. she woke up, and at 4:30 A. M. she was delivered.

Besides the foregoing, several cases of *irritable bladder* are noted, wherein, though this drug produced no permanent improvement, yet its temporary beneficial influence was very marked, in that it completely subdued the irritability of the urinary mucous membranes, and the spasmodic action of the bladder, enabling patient to retain her water for several hours, and to sleep soundly at night, during the period of the Chloral Medication. A mixture containing 10 grains to the dose every hour, constituted treatment in one case.

In conclusion, Dr. Madden observes: "In the great majority of cases, the chloral allayed nervous excitement, relieved pain, or produced sleep, with great certainty and remarkable rapidity. I have, moreover, observed the fact that the sleep produced by chloral more closely resembles natural sleep than that induced by opium, or any other narcotics; the patients were generally free from any unpleasant after-effects, such as those produced by opiates, and informed me that they had slept pleasantly, as well as soundly, and awoke refreshed by their night's repose."

Orchitis as a Result of Catheterization.

The annexed case was reported at a late meeting of the Clinico Pathological Society of Washington, and published in the *National Medical Journal*.

April 18, 1870.—Dr. William B. Drinkard stated the following:

Mr. C., a young man of vigorous frame and apparently perfectly healthy, consulted me, on the 18th of March last, with a view to treatment for spermatorrhœa, with which he believed himself to have been affected for seven or eight years past. From the facts elicited by inquiring into his past history and present condition, however, I was led to believe that a much more common affection existed—chronic inflammation of the prostatic urethra and neck of the bladder, and subsequent examination of the urine (an examination which Dr. W. W. Johnston was kind enough to verify) confirmed the opinion by showing an abundance of pus globules, but no spermatozoa, and no epithelium.

The urine being remarkably alkaline in reaction, I determined to make trial of the benzoate of ammonia, and prescribed it in gr. xv. doses three times daily—the patient testing the urine and noting the result each day. On the third day of this treatment the urine became acid in reaction, and the cloudiness, noticed so long before by the patient, was diminished. At this time, the patient called my attention to the fact that there was a little oozing from the meatus in the morning, which he had noticed for an indefinite time past, without attaching any importance to it. I had already taxed him with having a stricture, which he had denied. I now repeated the inquiry; he reaffirmed his ignorance of the existence of any stricture, present or past. But further questioning brought out the fact that sometime after having had an attack of

gonorrhœa, in 1861, he was troubled with retention, and was forced to have catheterization performed. Once or twice since then he had used the bougie himself in similar but slighter instances of the same trouble. I passed a gum-elastic No. 9 into the urethra, at whose membranous portion it stopped. The patient informing me that No. 7 was the one he had been in the habit of passing. I introduced No. 6, which passed the stricture's point easily, and without giving the patient pain, while it was perceptibly overcoming a resistance. This was March 22d. I did not see the patient again until the 28th, when he called, in great pain, with his right testicle enormously swollen, red and terse. The epididymus and gland were both involved, the tunica vaginalis being but slightly distended. The condition of the urine was much the same; no urethral discharge apparent; no sexual connection since commencement of treatment. I prescribed salines and antimonials with an evaporating lotion—enjoining complete rest. I saw the patient next day, but, as the result of some misapprehension, did not see him again until the 20th of April. Then, finding the swelling still on the increase, instead of diminishing, I applied warm formentations while the patient was in the erect position, and freely punctured the scrotal veins and tunica vaginalis—continuing the warm formentations for an hour at a time, morning and evening.

April 3.—Swelling rapidly diminishing; patient much easier. Ordered ung. hydrag. and extr. belladonnæ in equal parts, to be rubbed on scrotum, night and morning, after application of warm fomentations.

April 5.—Resolution of the orchitis still continuing; patient's pupils widely dilated; objects seen tolerably well at distance, but accommodations so far lost in both eyes that reading is impossible; throat dry; considerable thirst; but no rash, and no fever. The inunctions were suspended.

April 6.—Pupils contracting; roughness of throat less; general condition favorable and testicle regaining its normal proportions as before. On the 8th of April, the symptoms of atropism (if such they may be called) had entirely disappeared. Since then the orchitis has continued on the mend, although the swelling has not entirely disappeared.

Reviews and Book Notices.

NOTES ON BOOKS.

James Campbell, of Boston, announces as ready, "Physiological and Therapeutical Action of the Bromide of Potassium and the Bromide of Ammonium on Man and Animals," in two parts. Part I. The Physiological and Therapeutical action and value of the Bromide of Potassium and its kindred Salts: by Prof. EDWARD H. CLARKE. Part II. Experiments illustrating the Physiological and Therapeutical action of Bromide of Potassium and Ammonium on Men and Animals: by ROBERT AMORY, M. D.

He also announces that, with the number for January, 1872, he will enlarge the *Gynæcological Journal* by sixteen pages each month, which will be devoted to a general summary of Gynæcological literature throughout the world.

Messrs. Truebner & Co., of London have published an interesting work entitled: Contributions towards the Materia Medica and Natural History of China, for the use of Medical Missionaries and Native Medical Sudents. By F. PORTER SMITH, M. B., Medical Missionary in Central China. Imp. 4to. cloth, pp. viii. and 240. This volume is an important contribution to scientific literature. To all who are interested in the trade of southern Asia, and to all who make any pretensions to a knowledge of the literature of drugs, this volume will be indispensable; whilst European practitioners in India, and other Asiatic countries, will welcome it as a useful supplement to the Pharmacopœia of India.

"The Mutual Relations of the Medical Profession, its Press, and the Community," is the title of an address by Dr. STORER, Jr., reprinted from the *Journal of the Gynæcological Society*. It contains many useful suggestions. (James Campbell, Boston).

BOOK NOTICES.

Lectures on the Clinical Uses of Electricity delivered in the University College Hospital. By J. RUSSELL REYNOLDS, M. D., F. R. S. Philadelphia: Lindsay & Blakiston, 1872. 1vol., 12mo., cloth, pp. 112. Price, $1.50.

These lectures were printed in the *Lancet* about a year ago, and the demand for them induced Dr. REYNOLDS to publish them in separate form.

The first lecture contains general remarks on the clinical uses of electricity, its value in diagnosis and therapeutics. The second describes the forms in clinical use, dividing them into the Franklinic or static, the Galvanic, and the Faradic or induced. The third treats of the clinical effects of the agent on the nerves, muscles, skin, etc. The fourth discusses the

diagnostic uses of electricity, especially in reference to nervous disorders. The fifth and longest is occupied with the therapeutical uses of the currents, the methods of applying it, especially in chorea, and the various forms of paralysis and neuralgia.

As a convenient manual the work will be prized by all who call to their aid this potent article of modern therapeutics.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-second Annual Session, June, 1871. Published by the Society, Philadelphia, 1871. pp. 501.

Among the valuable papers in this volume we mention a report of six hundred cases of diseases of the ear by Dr. LAWRENCE TURNBULL. The abstract of treatment attached will be found very convenient to the general practitioner. Dr. BENJAMIN LEE, reports a case of thyroid dislocation of the hip-joint in the second stage of coxalgia, reduced by manipulation with satisfactory results.

There is a very respectable representation of counties in the reports. That from Philadelphia county is naturally the longest, and contains a complete history of an epidemic of relapsing fever, illustrated by several diagrams. Scarlet fever seems to have prevailed extensively throughout the State, with the usual diversity of treatment and usual unsatisfactory results. Hydrate of chloral is reported upon favorably by a number of practitioners. The address of the President, Professor S. D. GROSS, is written with his customary ability, and is replete with instruction, as well as most entertaining to peruse.

First Biennial Report of the State Board of Health of California, for the years 1870, 1871. Sacramento: 1871. pp. 90, 113.

Every one interested in the higher branches of medical science will welcome the formation of official bodies whose duty is to look after the public health. California has performed a most creditable act in giving attention thus early to these vital questions, and the selection of Dr. THOMAS M. LOGAN, as Permanent Secretary, will insure excellent results.

The present volume, it is true, bears the marks of haste and even carelessness in its preparation. Digested to half its size, it would have been not less valuable and much more readable. The plan adopted in the last (second) report of the Massachusetts State Board of Health is an excellent model.

The vital statistics were obtained chiefly by Dr. LOGAN'S personal exertions, and though better than none, do not offer a satisfactory standard of comparison. The hospital statistics were derived from twenty-four charitable institutions and the prisons. A number of pages are given to the claims of Santa Barbara, as a health resort, especially for consumptives. The facts furnished are, however, altogether too limited to justify a definite opinion.

The appendix contains a series of miscellaneous articles: One on "Female Hygiene," by Dr. STORER, Jr.; two translated from German sources on "Municipal Regulations" and "School-room Diseases;" a rather flighty discussion of the "Social Evil," by Dr. ARTHUR B. STOUT; a report on "Chinese Emigration," by the same writer, also, rather flighty and decidedly unfavorable; and finally a draft of an act for sanitary purposes. As an earnest of more solid work in the future, the present report deserves a most favorable reception.

The Principles and Practice of Surgery. By John ASHHURST, Jr., M D. Illustrated with 523 engravings on wood. Philadelphia: Henry C. Lea, 1871. 1 vol., sheep, 8vo., pp. 1010. Price, $7.50; cloth, $6.50.

Dr. ASHHURST is already favorably known in surgical literature by his edition of ERICHSEN, and by various contributions to current publications. The present volume is calculated to extend and confirm his reputation.

It is by no means easy to condense into a volume of even a thousand pages all the surgical information which an ordinary practitioner requires. But certainly Dr. ASHHURST has succeeded as nearly in so doing as any of our writers. His work includes chapters on anæsthetics, minor surgery, orthopædic surgery, diseases of the eye and ear, and of the mouth and jaws, as well as the more general topics of inflammation, amputation, fractures, dislocations, etc.

The two chapters on venereal disease are able summaries of that extensive subject. Dr. ASHHURST is a pronounced dualist in reference to syphilis, although he grants that "it is by no means always possible," to distinguish a chancre from a chancroid.

The discussion of the various forms of hernia is complete and well illustrated. In anæsthetics, he gives the preference to ether, "in a very large majority of cases," believing that it is safer than chloroform. In the treatment of cancer, he speaks somewhat more hopefully of the result of excision than many surgeons, and considers that caustics may occasionally be employed with good results.

The illustrations are largely from previous publications, but include some that are new, after photographs and original drawings. The general arrangement of the volume is similar to that of Mr. ERICHSEN.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 13, 1872

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

LONGEVITY IN PHILADELPHIA.

Those of our readers who live at a distance may, perhaps, require to be informed that, in this city, the daily which has the largest circulation, and which publishes the longest list of deaths, is the *Public Ledger*.

In an editorial on the first day of this year, it gives some data concerning "local longevity," which has considerably more than local interest.

During the last half of 1871, from July 1st to December 31st, there appeared in the *Ledger* announcements of the deaths of 265 persons who had lived to or beyond the age of eighty years, of whom 107 were males, and 158 females, the latter outnumbering the former by 51.

The total number of deaths of octogenarians announced in the *Ledger* during 1871, was 545, there being 221 males and 324 females, the latter having a majority of 103, and making about three-fifths of the whole number. Whilst the females living over eighty years outnumbered the males, a further analysis shows that the females were also the longest lived, there being many more women than men who lived beyond ninety.

Of the two hundred and twenty-one men who, during 1871, died at or beyond the age of eighty, the following numbers reached the various ages designated; 80, thirty-eight persons; 81, twenty-three; 82, twenty-three; 83, twenty-two; 84, thirteen; 85, twenty five; 86, ten; 87, eighteen; 88, fifteen; 89, two; 90, nine; 91, four; 92, five; 93, one; 94, four; 95, two; 96, one; 97, one; 98, two; 99, two; 105, one.

Of the three hundred and twenty-four women who died at or beyond the age of eighty, the following numbers reached the various ages designated: 80, thirty-seven persons; 81, thirty-four; 82, twenty-eight; 83, thirty; 84, twenty-two; 85, forty-two; 86, seventeen; 87, twenty-three; 88, twenty-two; 89, six; 90, fifteen: 91, six; 92, six; 93, five; 94, four; 95, three; 96, seven; 97, four; 98, three; 99, two; 100, one; 101, three; 105, one; and two who lived beyond 100, but whose exact ages were unknown, though supposed to be in one case 106, and in the other 120.

Of the total number of deaths during 1871, the number at or beyond ninety was 94, of whom 32 were males, and 62 females, the latter numbering nearly double the former. The deaths of eight centenarians were recorded in the *Ledger*, during the year Sarah M. Sailer, aged 100; Jane Berryman, Elizabeth Riddell, and Hetty Ferris, 101; Michael Golden and Jane Richardson, 105; Jane Thomas and Nancy Roberts.

The following particulars of these may be read with interest: Miss Hetty Ferris died of paralysis at the Widows' Asylum, December 15th, aged 101 years and four months. She was a native of this city, her father, Francis Ferris, having for many years been a leading shipping merchant here. She was a granddaughter of Sir Robert Dunbar, of Scotland. The last five years of her life were spent at the Asylum. Mrs. Nancy Roberts, colored, was burned to death on the night of September 14th, at her home in Schell street. Her birthplace was in Kent county, Delaware, and she came to this city many years ago. She recollected events of the Revolution, having been a young woman at that time, but like other persons in her circumstances could not recollect her age, and no record had been kept of it. Her faculties are said to have remained good up to the time of her death. "Aunt" Jane Thomas died at the Germantown poor-house, December 22d, at the supposed age of 106, as no actual record of her age was known. She was born in Africa, was

brought to this country by slave traders prior to the abolition of that traffic by the United States, and escaping from bondage about thirty years ago, came to Germantown, where she has since resided, dying literally of old age.

Notes and Comments.

A Novel Plan for Soothing Children.

Dr. COWRAN says in his *Medical History of the Himalayas*, speaking of a native tribe in the northern district of the peninsula:

"The women are larger and fairer than their sisters of the plains; and they have a curious plan of quieting their children while absent from them in the fields or elsewhere, which is as simple as it is efficacious, and which baby farmers and others might imitate with advantage nearer home. When a mother goes into a field to work or is otherwise unable to take her child with her, she selects some sheltered spot near a stream, in which she places a little straw for a bed for her infant, and then directs, by means of a piece of split bamboo, a current of water, of from one to two or three inches in diameter on its uncovered occiput and temples. This produces a soporific effect which generally lasts as long as the water continues to flow. The sleep is said to be very soothing, and children who have been much subjected to its influence, are known to have been unusually free from the annoyances incidental to the period of dentition. I came upon a mother thus engaged, on my way to Cashmere, in the hot season of 1867, and she was so entirely absorbed in her occupation, as to be, for some time, quite unconscious of my presence. During this interval I noticed that, while holding the child with one hand and dabbling water on its head with the other, she now and again rocked it too and fro, and sang at the same time, in a soft plaintive voice, an air which reminded me of the old nursery rhyme, 'shoho, lullaby, go to sleep baby,' and recalled to my memory with tenfold force, the saying of the great dramatist, 'one touch of nature makes the whole world akin.' As soon, however, as she noticed me she snatched up her infant and kuttled away down the ravine with a rapidity and force, which every moment threatened both with destruction."

Aconitine.

MM. GREHANT and DUQUESNEL recently presented to the French Academy of Sciences a memoir on aconitine, which M. DUQUESNEL has succeeded in extracting from *Aconitum Napellus* in the form of rhombic or hexagonal plates. The alkaloid is the active principle of this plant. In order to obtain it, the author extracted the root of the *Aconitum* by concentrated alcohol, with the addition of 1 per cent. of tartaric acid; the excess of alcohol was then removed by distillation, and the residue diluted with water in order to precipitate the fatty and resinous matters. The aqeous solution of tartrate of aconitine was then treated with an alkaline bicarbonate in order to set the alkaloid at liberty, this latter being scarcely very slightly soluble in water. It dissolves in ether, which, on evaporation, leaves it in the crystalline condition. M. Duquesnel, assigns to it the formula $C_{54}H_{40}NO_2$. Aconitine is very slightly soluble in water, very soluble in alcohol, ether, benzine and chloroform. It is not volatile, and commences to decompose about 130° C. Its reaction is feebly alkaline. It combines with acids to form crystallizable salts; the author cites the acetate as presenting abundant crystals. Phosphoric acid, tannine, potassium iodide and iodate, and the double mercury and potassium iodate, produce the ordinary reactions on organic alkaloids. Aconitine is a powerful poison, its physiological action being analogous to that of curari, destroying the motor power of the nerves, but leaving the power of producing reflex actions untouched, at least in small doses.

Ancient Doctrines About the Spleen.

The use of the word *spleen* is common among our older English authors and modern French novelists, when depicting English character, that the following quaint definition of it, both as a part of the human body and a disease to be cured by fit remedies, may not be uninteresting to some of our readers. It is from the pen of old Andrew Borde (the original "Merry Andrew"), in his "Breviary of Health," edition 1552: "The 328 chapitre doth shewe of a man's splene. Splen is the greke word. In latin it is named Lien or Liena. In Englysche it is named a mans splene whiche is a spongious substance lienge under the short ribbes in the

left side, and it doth make a man to be mery and to laughe although melancoly resteth in the splene; if there be impedimentes or sickness in it, as sorrow, pencifulness, and care, and anger or suchelyke, maketh many men and women to have such impedimentes in the splene, as opilacious and appostumes and suchlyee; melancholy meates, hard cheese, and feare, is not good for the splene; and if any man be spleniticke let him use mery company and let him be bloude of a veine named Salutella, of the left syde; some doth use to let bloude in a vayne named Basilica on the left syde; but I say that every thing whiche doth hurte the luyer doth hurte the splene, and every thing that is good for the luyer is also good for the splene; and who so euer wyll make the hardness of the splene whole, fyrst take the mary of a calfe and the mary of an hart, and the fatness of an hogge, of a Capon, and of a ducke, and the oyle of sweet Almons of lyke porcion, myxe this togyther, and anoynte the regione of the splene, and dry the longes of a foxe, make pouder and eate it with figges."

Palatable Medicines.

Physicians and apothecaries should make it a matter of conscience to render medicines—when they are compelled to give them at all—as palatable as possible. To this end the "art of the apothecary" is exerting itself of late. We are in constant receipt of samples of preparations of different kinds intended to meet this indication. Sometimes, we doubt not, the efficacy of the remedy is sacrificed to the desire to make it palatable, and much namby-pamby stuff is prescribed across the counter by ignorant druggists and drug clerks, anxious to effect a sale, greatly to the detriment of persons who need the advice of a physician, and who may not need medicine at all.

We hail any practical attempt to render medicines palatable, and in this view hope that the efforts of the DIVIDED MEDICINE COMPANY of Cincinnati are a step in the right direction. We have received from the company a very neat pocket case containing twenty-four different kinds of medicines, from digitalin, one hundredeth of a grain, to calomel one grain, or calomel and opium three grains, etc., prepared apparently with gelatin, and divided into sheets of a dozen squares, each containing a given quantity, intended for a dose, or part of a dose, as the prescriber desires. These squares are intended to be placed in the mouth and allowed to dissolve gradually—the most effectual way to introduce medicines into the system, avoiding much waste, and reducing the quantity required for a dose. Experience will decide the value of this method of exhibiting medicines. It certainly has neatness, compactness, and palatableness to recommend it.

On European Cannabis Medica.

The *Pharmaceutical Journal* for August, 1871, says: "The hemp cultivated in Europe on account of its tough bark-fibre and oil, differs but slightly in botanical characteristics from that grown in Asia and Africa, and the more drastic action of the bark is entirely due to climatic influences. There are two varieties of Indian hemp; Gunjah or Ganja, from the mountains of northern India, is of superior quality, but more scarce than Bang or Gurza. Very little is known of the active principles of Indian hemp. The resin and essential oil obtained from the plants appear to be the joint cause of the narcotic action. The resin, cannabine, or hadshichine, has not yet been analyzed; it is extremely bitter, soluble in the usual solvents of resins, but not in alkalies. The essential oil, according to PERSONNE, consists of a liquid, cannabene, $C_{30}H_{20}$, and a crystalline substance, cannabene hydride $C_{30}H_{24}$. Liford and Martius found oxygen in the oil.

Patent Medicines in Russia.

A correspondent of the London *Chemist and Druggist* gives the regulations concerning the importation of patent and secret medicines established by the Russian Government. They are as follows:

1. A petition has to be written on a (one rouble) stamped paper, to be sent free to the Manufacture and Foreign Commercial Department of the Finance Ministry (not to the Medical Department).

2. The exact composition of the remedy must be stated.

3. Only those remedies can be approved of by the medical council which have been examined and found useful by a foreign medical faculty, or any other scientific institution of equal standing.

4. The remedy should be so constituted that a long journey or time should not interfere with its properties.

5. It should not contain a decidedly poisonous substance.

6. Besides these regulations, it must require either difficultly obtainable apparatus and instruments for its preparation, or particular manipulation obtained only by long experience.

7. In reference to advertising it in the daily papers, leave has to be obtained from the newspaper censor.

8. All the cost of carriage, and other expenses connected with the remedy, must be defrayed by the sender.

Novel Use of Electricity.

Electricity has achieved a new triumph. Already employed to restore vigor and nimbleness to gouty limbs, the recent discoveries of Dr. BERNIER, a French physician, show electricity to be an efficient remedy for the evil effects of excessive drinking on the human nose. The doctor maintains that by application of an electric current to noses even of the most Bacchic hue, the flesh may be made to "come again as the flesh of a little child," and supports his assertion by a case performed on a female patient of his own, a woman of high rank. "Knights of the Burning Lamps," who have still some regard for personal appearance, will appreciate Dr. BERNIER'S discovery, as it promises them immunity from the dreaded outward testimony to their pet vice. There is one danger, however, in the discovery, namely—its tendency, if confirmed, to encourage the growth of secret intemperance.

Cyanide of Iodine in Iodine.

DR. G. C. WITTSTEIN has found in a sample of iodine made in the ordinary way 28.75 per cent. of iodide of cyanogen. In another sample, where the maker had tried to separate the impurity by sublimation, there was found 56.87 per cent. The mode of analysis in both cases was to rub together in a mortar weighed quantities of iodine and metallic mercury, until all the free iodine was combined; to treat the mass with water and weigh the insoluble residue. The loss of weight represents the impurity. When iodine containing iodide of cyanogen is treated with metallic iron, proto iodide and proto-cyanide of iron are formed. The addition of carbonate of potassa precipitates both all the iron and all the cyanogen, and the resulting iodide of potassium is free from cyanogen.

A Sensitive Test for Chloroform.

HOFMANN announces that the behavior of chloroform toward the monamins, in the presence of alcohol and caustic soda, may be utilized with great advantage to determine the fact of its existence in small quantities, in the presence of other similar compounds. The reaction depends upon the formation of isonitrile, which can be detected without fail by its characteristic smell. The fluid to be tested is poured into a mixture of aniline and caustic soda, when, if chloroform is present, a violent reaction soon sets in, particularly on gentle heating, which is accompanied by the giving off the characteristic smell of isonitrile.

High-heeled Boots.

Mr. P. HEWITT, the London surgeon, spoke as follows about the case of a young girl, in one of his clinics:

She was admitted into the hospital on the 21st September last, and, as it is now the 17th of October, she has been a month in the hospital. She was walking down a flight of stairs at the International Exhibition, and, while doing so, she caught her foot on the edge of a step and fell, sustaining, it was supposed, a fracture of the end of the femur. She wore high-heeled boots. I do not know how it happened, but there have been a great many accidents in the International Exhibition. I suppose they must have arisen partly from the height of the stairs and partly from the height of the ladies' heels.

Ladies are anxious to look tall, thinking that their appearance is improved, and therefore they wear high-heeled boots. Such accidents are not always, however, due to the high heels, for a lady whom I knew fell by tripping on the stairs at the Exhibition, and came down on the cheek-bone, breaking it, and having ecchymosis on the right side of the face for months afterward. But the first thing to which I would call your attention in this case is the high heels of the boots. Ladies will, for the most part, wear them; but they could not do a worse thing, for their feet are placed in a difficult and most unnat-

ural position. They are very tenacious about this fashion, but you must be as tenacious against it; the number of accidents in consequence is very great. To show you how very tenacious ladies are on this point, last year I was sent for to see a young lady in one of our London hotels. She wished to consult me about her foot.

On seeing it, I thought its state depended upon the boots, and I asked to see them. The boots were brought in by the lady's maid, but the only thing I could observe about them was an immensely high heel. I said: "It is the high heel of your boots that causes the mischief, and unless you diminish this I can do nothing for you." She became quite angry, and said she could not alter them. "I cannot do it, and I will not." Suddenly again she toned down, and said: "Pray, sir, what would people say if they saw me walking about the park without high heels?" I said it is simply heels *versus* brains. If you have brains, you will cut off the heels; if you have no brains, you will continue to wear them." She fortunately had brains, cut off the heels, and her foot got quite well.

Waterproofing Linen, Canvas, etc.

The following directions for waterproofing canvas and similar articles for tents, covers, etc., are given by H. KUHR. The material is taken successively through a bath of sulphate of alumina, of soap and of water; it is then dried and smothered or calendered. For the alumina bath, use the ordinary neutral sulphate of alumina of commerce (concentrated alum cake), dissolving one part in ten of water, which is done easily without the application of heat. The soap is best prepared in this manner: Boil one part of light rosin, one part soda crystals, and ten of water, till the alum is dissolved; salt the soap out by the addition of one-third part of common salt; dissolve this soap with an equal amount of good palm oil soap in thirty parts of water. The soap bath should be kept hot while the goods are passing through it. It is best to have three vats alongside of each other, and by a special arrangement to keep the goods down in the baths. Special care should be taken to have the fabric thoroughly soaked in the alumina bath.

In a note to the above, Drs. HAGER and JACOBSEN remark that during the last few years very good and cheap waterproof goods of this description have been manufactured in Berlin, which they believed is effected by steeping them first in a bath of sulphate of alumina and of copper, and then into one of water-glass and rosin soap.

Relations of Tinea of Animals to Tinea of Man.

M. ST. CYR, Professor in the Veterinary School at Lyons, writes on this subject as follows (*Veterinarian*, November, 1871). The *tinea* of the cat offers numerous analogies to the *tinea* of children. The disease presents the same essentially parasitic nature; the same cupuliform aspect of the primary lesion; the same composition in the crusts; and, lastly, a perfect resemblance between the constitutive elements of the microphyte that produces the two maladies. There is, therefore, nothing more required to establish a complete identity between them than to prove that they are transmissible from one species to another; that the *tinea* of the child, for example, may be transmitted to the cat; and that the disease which we produce in sowing on the skin of the cat the spores of *tinea* derived from the infant, clearly offers all the characters of the affection observed in this animal. On February 7th, 1866, M. DRON, now chief surgeon in the Antiquaille Hospital, sent M. St. Cyr, some crusts taken from the head of a child affected with the disease, and under his care. Some days afterwards he sowed them on the head of a cat, and as a result he obtained a very fine *tinea*. There could be no doubt, then, as to this fact. This *tinea* of the child is contagious for the cat; and this *tinea*, transmitted directly from the child to the cat, offers the same characters as that transmitted directly from cat to cat. We might, therefore, says M. St. Cyr, from this conclude that the *tinea* of the cat may also be transmitted to the child; and that, consequently, there is a complete identity between the two diseases.

Impudence of Quacks.

During the illness of the Prince of Wales, the cable one day replied: "Since the last bulletin was received the telegraph line to Sandringham has been closed to the general public, because the wire was burdened with messages to the Queen from charlatans,

quacks, and officious persons tendering medical advice." Nothing so well illustrates the impudence of medical pretenders as impertinent interference of that kind.

Health of the Queen.

Dr. NORMAN MCLEOD writes in one of the English journals: I have not only never seen the remotest trace of any moral or mental weakness, but I have seen in every instance remarkable evidence of moral and mental strength and capacity. Her Majesty has just passed through a severe attack of rheumatic gout, which so affected her hands that for a time she was utterly unable to sign her name, and from a severe neuralgia from which she has entirely recovered, and I have never seen her better in spirits, or better in health, or stronger in mind than she is at the present moment.

This is a refutation of the statements of Disraeli and others.

Psoriasis.

R. LOWTHER, M. D., of Cartmel, writes to the *Lancet* that in the treatment of psoriasis he has used for some time a solution of pure carbolic acid, two to four grains to the ounce of water, locally, with the best results. He considers this solution to be more reliable, and much less objectionable to the patient, than the application of pitch ointment. It is often difficult to get patients of the upper classes persuaded to make proper use of the ointment, and on this account much of the failure depends. The patches of psoriasis must be kept constantly moist with the solution of carbolic acid, while the constitutional treatment is not neglected.

Pulaski County (Ark.) Medical Society.

The regular monthly meeting of the Pulaski County, Arkansas, Medical Society was held at the office of Dr. P. O. HOOPER, in Little Rock, on the evening of December 2, Dr. R. G. JENNINGS presiding. The minutes of the last meeting were read and approved. The subject of *diphtheria, or, pseudo-membranous croup*, a disease now prevailing among the children in that city, was freely and fully discussed, and remedial agents suggested.

After other business of minor importance the President announced that this was the meeting for the annual election of officers, which resulted as follows:

President, Wm. Thompson; Vice President, S. C. Murphy; Recording Secretary, E. Cross; Corresponding Secretary, D. H. Dungan; Treasurer, R. G. Jennings.

The following preamble and resolution was offered and adopted:

WHEREAS, The medical profession of this city are not exempt from the prompt payment for all articles purchased by them; and *whereas*, it has been the practice of many citizens to delay indefinitely the settlement of medical bills; it is, therefore,

Resolved, That hereafter all medical bills are due and payable at the termination of each case treated, or the end of the month.

The meeting then adjourned to the next regular monthly meeting.

Heart Broken by a Kick.

At a meeting of the Midland Branch of the British Medical Association, Mr. BENNETT MAY exhibited the heart with its pericardium, of a little boy ten years old, which showed a rupture of the wall of its right auricle, caused by a kick from a horse in the face and chest—there being no external marks of violence. He was seen shortly after the injury and had the following symptoms: He was unconscious, but apparently in great agony, screaming loudly. He was cold and collapsed, and the pulse beat forty at the wrist, was feeble and intermittent. The pupils were invariably unequal. After vomiting freely, he died just an hour and a half after the infliction of the injury. On *post-mortem* examination, the only external mark of violence was a slight bruise on the forehead. There was no fracture of the ribs or sternum, and no bruising or discoloration within the chest. The pericardium was bulging and distended with blood, of which it contained four or five ounces, in a coagulated condition. The heart was firmly contracted and empty. In the muscular wall of the right auricle was a laceration, about half an inch in length with irregular edges. The structure of the heart was perfectly healthy.

Chlorometry.

A convenient method for the determination of the available chlorine in chlorinated lime is based upon the fact that chlorine in solution converts arsenious into arsenic acid, thus:

$$H_3AsO_3+Cl_2+H_2O=H_3AsO_4+2HCl.$$

The arsenious solution is made by dissolving

a weighed quantity of arsenious anhydride in a definite quantity of sodium carbonate solution, in such a manner that each c. c. of the solution shall contain a known weight of arsenious acid. A weighed quantity of the chlorinated lime to be tested is dissolved in water, and into this solution, the standard arsenious solution is poured from a burette, until a drop of the mixture ceases to impart a blue color to test paper prepared with starch and potassium iodide. When this point is reached, all the available chlorine has been converted into hydrochloric acid, and from the quantity of the arsenious solution required the percentage of chlorine may be readily calculated.

Correspondence.

DOMESTIC.

Extirpatio Bulbi.

EDS. MED. AND SURG. REPORTER:

I was called, Oct. 8th, to attend F. B., a German boy 9 years old, the subject of a severe gun shot accident. I found the little fellow actually riddled with shot, the major part entering his face. One pellet penetrating the left eye at the upper portion of the cornea, causing a rapid effusion of blood and much pain. The other eye seemed free from injury, yet upon my visit next day, he was totally blind in both eyes. The case was treated on general principles; such shot as could be detected were removed, etc. The left eye, however, continued rebellious to treatment; violent inflammation obtaining in spite of all attempts at reduction. The right eye in the mean time exhibiting well marked symptoms of sympathetic disturbance—flashes of light, diluted pupil, etc.

I therefore concluded to extirpate the mutilated eye, and thus, so far as possible, remove the cause of trouble, which, with the assistance of my colleague, Dr. KUECHLING, I did on the 24th of November. The eye, upon dissection, had lost all normal appearance, was much indurated, contained some pus, and the offending shot embedded in the upper and anterior part of the sclerotica. The hemorrhage, though profuse, was easily controlled by digital compression—no plug was used, neither was the external palpebral commissure divided. The cavity rapidly filled with healthy granulations—the only treatment observed being a yeast poultice or two, light nourishing food, and due attention to the emunctories. The case up to date progresses favorably, some vision returning, which, after so long an absence, is truly gratifying.

L. E. FRANK, M. D.

Rochester, Dec. 8, 1871.

News and Miscellany.

Insanity in Virginia.

A correspondent of the New York *Daily Times*, writing from Richmond, Virginia, says:

There are three lunatic asylums in Virginia: the Western, at Stanton; the Eastern, at Williamsburg, and the Central, at Richmond. The last has been instituted since the war, and is intended exclusively for negroes. The Western asylum contains 343 patients, of whom 188 are males and 154 females. The expenditures of this asylum for the past year amounted to a little over $70,000, leaving a balance of $3,636 out of $50,000 appropriated by the State for the year, and funds received from pay patients and the sale of articles manufactured in the asylum. In the Eastern Asylum there are 211 patients, 99 being males and 114 females. The disbursements of this asylum for the past year were $60,088.22. With the appropriation of $60,000 from the State, the money received from pay patients, etc., there is a balance on hand with the Treasurer of over $2,000.

In the Central (colored) asylum there are 175 patients, of whom 79 are males and 96 females. Fifty thousand dollars was appropriated by the Legislature to support this asylum for the past year, and it sufficed, with a balance over of about $2,000. The location and buildings of this colored asylum are merely temporary, and an asylum for colored lunatics will probably be permanently located in a more southern portion of the State. The reports of all three of the asylums complain of their crowded condition, and of how many applicants they have to reject. There are insane persons (chiefly colored) in nearly every jail in the State, and many are at large, or confined in private quarters, who should be in an asylum. There is a bill now before the Legislature to establish the Southside Lunatic Asylum (for whites) to be located at or near Lynchburg. Thirty thousand dollars were appropriated last year to enlarge the Eastern Asylum, and the superintendent and directors now ask for $105,000 for additional extension and repairs.

A Burmese Hairy Woman.

A correspondent of the London *Times* writes to that journal the following particulars, referring to a hairy woman and her children, of whom he had before spoken in his letters: When I was at Mandalay in 1859, I saw the same woman and three of her children. The eldest and youngest were hairy like their mother, while the second, like his father, pre-

sented no such peculiarity. The husband was a man who report said was induced to wed this woman to become possessed of the marriage portion which the King of Burmah had promised to bestow upon her on her bridal day. The bridegroom was a plucky individual at any rate, though his motives may have been mercenary. The hairy woman, whose name I forget, had a pleasant and intelligent face—there was nothing whatever repulsive in it. The hair on the face and breast was several inches long; on the forehead it was parted in the middle, and blended with that of her head. Of a light brown color on her cheeks, it paled gradually towards the bridge of her nose, and the centre of her lips, chin, and neck. Those of your readers who have a copy of Colonel Yule's narrative of the embassy to Ava will see a good likeness of the woman, and a description of herself and family."

Mercer County (N. J.) Medical Society.

The annual meeting was held on Tuesday, January 21. The following officers were elected:

President, W. W. L. PHILLIPS; Vice President, CORNELIUS SHEPPARD; Secretary, J. B. JAMES; Treasurer, J. L. BODINE.

Dr. WARMAN, the retiring President delivered a neat valedictory, Dr. Bodine, read an interesting essay on pneumonia, and Drs. W. H. COLEMAN and T. J. CORSON, were selected essayists for the next meeting

——Among the recent promotions in the French Legion of Honor is named Dr. THOMAS W. EVANS, who is advanced to Commander. Dr. EVANS is an American, and he receives the honor for services rendered as "Director of the American Ambulance" during the Franco-Prussian war. The doctor is the first foreigner who has obtained the rank of Commander.

——Although the cholera has disappeared from Chizzeticook, Nova Scotia, the houses which were infected are kept in quarantine to prevent a revival of the disease.

—— Samuel Goodridge, of Canaan, Me., is the oldest man in New England—105 years. His last farm labor was performed in his 99th year. His wife lived to be 97, and their oldest child is now living at the age of 81.

—— Eight thousand deaths from small-pox occurred in London last year, while the average of the preceding thirty-one years was only six hundred.

——The following well merited honors were conferred recently by the Faculty of Princeton College. LL. D., on Abraham Coles, M. D., of Newark, N. J., Hugh L. Hodge, M. D., of Philadelphia.

——Judge Brady, of New York, recently decided that patent medicine venders can be held to a strict legal accountability for the assertions made in their advertisements.

—— Among the curious social facts developed by the census statistics is the appearance on the rolls of Pennsylvania of one family with seven pairs of twins; one family with six pairs; and another family with four pairs. The mother of the last group has six other children, and was only thirty-eight years old.

QUERIES AND REPLIES.

Sudden Death.

Dr. W. W. S., of Illinois.—Mr. B., æt. about 40, stout, with short neck, enlarged tonsils, usually breathed with his mouth open, December 19, took a load of grain to the railroad, and had to face a north-west wind, with thermometer at 6°. He returned home, all the way across the prairie, and reached there badly chilled. He sent for the doctor, who went up and prescribed. The patient seemed better; the doctor went home. The man was immediately taken worse, and died at 12 P. M. Friends say he seemed to choke to death. Query—What killed the man?

Reply.—There can be little doubt but that it was pneumonia—pulmonary congestion.

MARRIAGES.

BENNETT—KEELER. At South Salem, N. Y., December 24, by the Rev. Thomas M. Gray, Wm. C. Bennett, M. D., of New York city, and Miss Maria W. Keeler, of South Salem.

FAUBER—KRAMER. At Xenia, Ohio, December 14, Mr. Ephraim Fauber and Miss Maggie Kramer, daughter of the late Dr. C. M. Kramer.

FINNEY—WISE. At Scott Run, Pa., on December 19 by the Rev. H. G Finney, William M. Howell, M. D., and Miss Priscilla C Wise, both of Lycoming county, Pa.

HARRY—WOOD. On the 6th inst., by Rev. Mr. Gibson, D. W. Harry, M. D., of Conshohocken, Pa., and Mary S., daughter of David Wood, Esq., of Arrowfield, Chesterfield county, Va.

HAYS—MCALLISTER. In Bellefonte, Pa., December 28, by Rev. W. T. Wylie, Thomas R. Hays, M. D., and Miss Sarah B McAllister.

MILLER—MARKLE. By Rev. W. F. Kean, assisted by Rev. O. H. Miller, December 26, at Millgrove, Westmoreland county, Pa., Dr. W. N. Miller, of Allegheny City, and Miss Roxie, daughter of the late General Joseph Markle.

RAMSAY—WILEY. December 28, in Slateville Church, York county, Pa., by Rev. T. M. Crawford, Andrew M. Ramsay, M. D., and Miss Laura Louisa Wiley, of Peachbottom Pa.

WILLIAMS—WILLIAMS. December 19, near Dresden, Mo., at the residence of R. T. Lindsey, Dr. Abram Williams, of Kansas City, Mo, late of Cincinnati, and Miss Belle, daughter of the late General John Williams.

WOLCOTT—PIERREPONT. At Pierrepont Manor, Jefferson county, New York, December 14, by the Rev. James Sanderson, Dr. S G. Wolcott and Julia Emily, daughter of Hon. W. C. Pierrepont.

DEATHS.

BULKLEY. In New York city, January 4, after a short illness, Dr. Henry D. Bulkley, aged 68 years

DARRILL. December 17, 1871, at the residence of his mother in Henryville, Ind., Dr. George W. Darrill, in the 37th year of his age.

MCCUNE. In Mount Gilead, Ohio, December 20, Martha Jane, wife of Dr. James McCune, aged 51 years.

NAUDAIN. Dr. Arnold Naudain, United States Senator from Delaware from 1827 to 1836, and afterward collector of the port of Wilmington, died January 5, 1872, aged 82 years.

SMITH. At Providence, R. I, January 4, in the 35th year of his age, Samuel St. John Smith, M. D., recently of Perth Amboy, N. J., and son of the late Rev. Theopholus Smith, of New Canaan, Conn.

TAYLOR. December 12, in Bridesburg, Philadelphia, of typhoid pneumonia, Richard G. Taylor, M. D., aged 32 years.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ULCERATION OF THE OS AND CERVIX UTERI.

BY T. CURTIS SMITH, M. D.,

Of Middleport, Ohio.

[Read before the Meigs and Mason Academy of Medicine, Dec. 28, 1871, and ordered to be published.]

Few subjects have given rise to greater diversity of opinion than this, both in regard to the frequency of its occurrence and its character, as well as in reference to treatment. Some have declared its great frequency, while others have held that it is a disease of rarity.

This difference of opinion arises from diverse views of what constitutes an ulcer of the os and cervix uteri. Those who look upon granular degeneration of the parts, as a form of, or as one of the elements of, cervical endometritis, have rarely met with ulceration, and it is now, to some extent, a disputed point as to whether this pathological condition should be thus placed in the nomenclature. "It* certainly does not present the features which are generally considered characteristic of the process of ulceration elsewhere, yet, as the term fulfills the purposes for which it is employed better than any other, and is too generally accepted and sanctioned to admit of alteration, I shall make use of it without further discussion."

It is my opinion that this granular form of ulceration is only the result of long standing disease, *i. e.*, that a very simple form of ulceration, as an erosion of follicular ulceration, will in time, if left to itself, become a granular ulcer. This would seem to prove that granular ulceration is in many instances only a later and more advanced stage of the disease. In this I find I am borne out by SCANZONI, who says:* "When the erosion of the neck of the uterus, such as we have described, is for a *certain time left to itself*,† or when it is *for a long time* submitted to the deleterious influence of exterior causes, as, for example, uncleanness, venereal excesses, repeated parturition, it is transformed into PROFOUND ULCERATION, accompanied by a loss of substance. In the place of the erosion, which *at first* scarcely presented a sensible depression, we see developed numreous globular vegetations, scarcely of the size of the head of a pin, sometimes very close together, sometimes widely separated from each other. By the microscope we recognize that they are nothing but the papillæ of the mucous membrane, highly developed, which thus gives to the ulcerated surface an uneven *granular* aspect, from whence it happens that *this form of ulceration* is designated under the name of *granular*."

Granular degeneration or ulceration, then, is but a later stage of ordinary ulceration. Ulcers of recent origin seldom present a granular appearance, while in a large majority of cases coming under my observation that have given evidence of long duration—from a few months to several years—have presented it unmistakably.

Various degrees of importance have been attached to cervical ulceration. Dr. WEST maintains that it is not only far less frequent than many authors *imagine*, but that also it is usually unattended by any great degree of ic-

*T. G. Thomas, Dis. of Women, 2d edition, p. 272.

*Diseases of Females, Fourth American Edition, p. 219.
†Italics mine.

cal or constitutional disturbance of the system, and looks upon it as an "isolated affection." Many others entertain similar views. On the contrary the majority of gynæcologists at this time maintain the very great frequency and importance of the disease both locally and constitutionally, and that the pathological conditions to which it gives rise can only be relieved by strict attention to the topical and general treatment of the patient.

It is well known that ulceration gives rise to pain in the pelvis, lumbar and sacral regions and shooting down the thighs, to purulent, muco-purulent and sanguinous discharges, frequently causing menorrhagia or metrorahagia, with pains in distant organs through reflex action, as headache, gastralgia, etc, with many other difficulties too numerous to mention here; but chiefly among them stand gastric derangements and of the nutritive functions generally. "In† fact, the constitutional disturbances consequent upon ulceration of the cervix resemble very closely those which form other affections of the organ, either functional or structural;" and it might well be added the affections of various other organs of the system. It is no uncommon occurrence for the practitioner who is versed in the different diseases which, through reflex action, uterine diseases may cause to be simulated, to find a patient who has gone the rounds among physicians and learn that she has been treated for dyspepsia, hepatic torpidity, palpitation, etc., etc., when, after careful examination, he is able to trace the whole trouble to uterine disease.

For the cause of ulceration of the cervix, some can see nothing but inflammation; but while this may often be true, it cannot be so in every case. It is sometimes produced by acrid discharges, and cannot be effectually relieved until they are removed. It is sometimes a local manifestation of constitutional derangement; it may result from anemia, from injury during parturition, too frequent or violent intercourse; from impeded circulation in the cervix caused by ante or retroflexion, the displacements also having a tendency to produce it by friction against the vaginal walls. In some cases that have come under my observation, ulceration arose from the use of pessaries.

Two anatomical conditions naturally favor the frequent occurrence of the disease, viz.: the dependent position of the os; but more especially that the veins of the os are unsupplied with valves.

These natural conditions, in connection with the periodical afflux of blood to the organ, and the fact that the parenchymatous tissue and mucous membrane of the uterus are not unfrequently the seat of inflammation and congestion, may readily explain in some measure the frequent occurrence of cervical diseases. Not less readily, from this and other allied causes, can we understand that when ulceration is once fairly established it never recovers without proper treatment.

Syphilis has in rare instances been the cause of this affection. I say rare, because it is a cause less frequent than many may suppose, and by a few is denied to excite it, except as the initial lesion of that disease. I have never seen a case of the kind that was unmistakably of syphilitic origin. Many good authorities speak of its not being a common source of cervical ulceration. "Syphilis* may affect the cervix uteri, either as a primary or secondary disorder, though in neither form is it by any means common. It is now a settled fact that true chancre may locate itself upon the cervix, but not the less certain is it that it rarely does so. I have seen but one case in which I felt satisfied that a cervical ulcer was of this character."

BUMSTEAD, in his thorough and comprehensive work on veneral diseases, does not mention it, which fact strongly argues its great rarity. DUPARCQUE, CULLERIER, BENNET, RICORD and others, confirm this view. Ulceration as a secondary lesion is more common than primary, and may assume any of the forms of ulceration common to its production from non-specific causes.

GRANULAR ULCERATION, OR INFLAMMATION.

We shall pay special attention to this form of ulceration first. Its prominent and characteristic symptom is the development on the os and within the cervix of a granular surface. We think the chief reason why this is the most frequent form observed, is because the disease is not detected during the early stage, when it was simply an abrasion or slight erosion of the os or cervix. As the gravity of the symptoms increase the attention of the physician is called to the uterus, which has probably been the seat of unobserved disease

†B dford on Diseases of Women and Children, p. 131.

*Thomas' Diseases of Women, p 282.

for months or years, and has now degenerated into granular ulceration.

Chief among the causes of granular ulceration stands inflammation, which may be either of the parenchymatous tissue, or mucous membrane of the cervix or body of the uterus. But while inflammation stands as the most apparent cause, there is always something behind to excite the inflammatory action. It would be difficult to conceive of an ulcerative process, as usually met with in this organ, without its being accompanied with inflammation in some degree. Yet some of the causes before named may act by exciting, first, a circumscribed ulcer, or abrasion, which will induce inflammatory action at first slight in degree and extent, but by mere continuity of tissue it may extend to the whole organ or at least to the cervix. When this extent in the morbid process is reached, the ulceration continues indefinitely to keep up a continuance of the inflammation, while, *per contra*, the inflammation causes an increase in the extent and gravity of the ulcer. Thus the disease continues without abatement, until proper treatment for relief is adopted.

We can conceive how an ulcer may have its starting point in mere friction against the vaginal walls from displacement, from pessaries, or from abuse of coitus, or other mechanical injuries, which would excite the inflammatory process, and be continued indefinitely through every phase of the disease. Vaginal or uterine leucorrhœa also frequently cause the disease.

In addition, anemia, or its opposite condition, as well as various constitutional symptoms, favor ulceration. All causes of inflammation of the womb are liable to result through that morbid process, in ulcerative action. Anteversion, retroversion, prolapsus, in short all displacements of the uterus, may prove exciting causes. Not less may vaginal inflammation do so, if severe and extensive.

The symptoms which this disease gives rise to generally, but by *no means* invariably, lead the physician to suspect ulceration. If the parenchymtous tissue or mucous membrane of the uterus is but slightly involved, very few characteristic symptoms of the real pathological condition will be present. There will be leucorrhœa, more or less profuse, generally yellowish or muco-purulent, or even purulent If the deceased surface is extensive there will be occasionally a sanguinous discharge, especially after coitus or any other mechanical irritation. The menstrual flow will be generally painful* and increased in quantity and frequency, as well as prolonged beyond the usual time of duration, and from this the patient becomes anemic, with a general failure of the secretion of the different important organs. This latter condition often leads the unwary physician astray, and he will be found treating "liver complaints," gastritis or cystitis, palpitations, etc., etc., thus clipping off the branches while the real disease is left unobserved and therefore untouched.

"Ordinarily these are* the symptoms which will be noticed in a case of gravity;

"Profuse bloody and purulent leucorrhœa;

"Pain and hemorrhage after intercourse;

"Menorrhagia or metrorrhagia;

"Pain on locomotion;

"Fixed pain in the back and loins;

"Tendency to spanemia;

"Nervous disorders and perhaps hysteria,"

to which we may add an almost constant weight or dragging sensation in the pelvis, often amounting to quite severe pain, with pain in the thighs. Besides all these, the physician should not be thrown off his guard by a prominence of gastric, hepatic or cardiac symptoms, or very frequent headaches, especially if the pain is located at the top or crown of the head, as a pain in this location is almost pathognomonic of uterine disease which may or may not prove to be ulcerative in character.

For ulceration of the os and cervix the *touch* and speculum are all that are usually required. Sometimes, however, other means are needed to bring the whole os into full view, as the sound, a pair of long forceps, etc. The vaginal touch alone will very often be sufficient to demonstrate the existence of a granular ulcer. Instead of the normal sensation that a healthy os imparts to the finger, the granulations present an uneven surface, "velvety," and this is the more readily made out when the granulations are large. The touch also, generally, reveals an enlarged cervix with one or the other of the lips more or less elongated, or one portion destroyed by the ulcer, while the other is intact but hypertrophied, or hard and indurated.

Experience will soon teach the ordinary observer the evidence necessary to decide

*Dysmenorrhœa is a common symptom.

*Loc. cit.

what the condition of the os is, generally, by the touch alone. But this should not be too much relied upon, as not unfrequently when the touch fails to decide the presence of an ulcer the speculum will readily demonstrate its existence. By it the cervix, and especially the os, are observed to be covered with pus, or muco-pus, which being cleared off by means of a mop of cotton, lays bear an "intensely red, granular, hemorrhagic looking space, of greater or less extent, closely resembling the inner surface of the eyelids when affected with granular degeneration." If of long standing the granulations can be plainly seen, usually raised above the surrounding surface; but if recent it is not likely raised, but little if any. Sometimes a portion of the cervix is destroyed by the ulcerative process, leaving one lip to project far beyond the diseased one, or possibly both are more or less destroyed.

The course and duration of this disease when left without treatment is steadily onward in its progress. "There* is no proof existing that this disease is ever recovered from without surgical interference, although as to this being impossible, I am by no means positive. The degenerated surface may go on for an unlimited time pouring out pus, and thus greatly impoverish the blood and cause the gravest constitutional results; or the same unfortunate end may be reached earlier by spread of the morbid action up the canal, as far as the os internum."

At first, as a rule, the epithelium is denuded, thus forming the simplest kind of ulcer. Thus far there is no depression of the diseased surface, but it retains its level with the surrounding surface; and for this reason those who do not entertain a belief of the existence of uterine ulceration at all, do not consider the term ulceration applicable to this affection. But as there is a solution of continuity of the epithelium, which all anatomists persist in including as a part of the membrane, there is to my mind no impropriety in terming this commencing stage as ulceration.

"After* the epithelium is lost for some time there is a gradual increase in the size of the papillary structure of the membrane covering the neck of the uterus; and if the membrane is now examined, instead of the smooth redness there is something of a velvety or plushy appearance." These little points continue to increase in size, and though at first of a great number, and small, they become numerically less by the larger ones crowding out or rather enveloping the smaller.

After a considerable time, if the diseased surface is examined, the process of development of large points has increased, until the granulations can be plainly seen and are large as strawberry seeds, and the appearance to some extent, resembles the surface of a ripe strawberry, except being much more intensely red. I have more frequently found cases advanced to this degree of ulceration than any other. The surface is now covered with pus or muco-pus, and when mopped off, bleeds quite freely for some time. From this stage or degree the granulations, if left untreated, increase in size to that of a wheat grain. During all this time there is generally no depression in the surface, but granulations are usually a little raised above the surrounding level. Sometimes, however, there is considerable loss of substance, and if the disease is confined to one lip it will be found eaten away, more or less, by the ulcer. The papillæ of the mucous membrane covering the os and cervix, each contain a loop of capillary vessels. When the membrane becomes denuded, these are left to bleed, because unprotected by the epithelial layer. As these vessels become hypertrophied during the progress of the disease, bleeding is more profuse, and this has given rise to the name *bleeding* ulcer. Occasionally the veins are enlarged, giving rise to the name of *varicose* ulcer. Again, the ulcer will occasionally be found covered with a false membrane, denominated the *diphtheritic* ulcer.

A few writers have termed some of these ulcers "fungus," in consequence of their large granulations and profuse hemorrhage. These names have given rise to considerable confusion, but they only represent the different appearances and stages of the same form of ulceration, to which the term *granular* alone should be applied.

Eversion of the cervix frequently causes granular ulceration. This eversion may be induced by high inflammatory action, engorgement, or by slitting up the cervix for the relief of other diseases. "At* times the hypertrophy, which under these circumstances may take place in the crested folds of the everted

*Thomas on Diseases of Women, p. 274.
*Byford on the Uterus, p. 98.

*Loc. cit.

cervical membrane, produces so great a degree of convolution and projection as to have caused the appellation of *fungus*, or *cock's comb* granulation, to be applied to it. * * * This is merely an exageration of the villous hypertrophy recently mentioned."

The prognosis is usually favorable when the proper plan of treatment is adopted. The time in which recovery takes place is sometimes drawn out to a considerable length, and the treatment in any case will usually require two or three months, and not unfrequently six or twelve months. The permanency of the recovery will depend on the removal of whatever caused and kept up the ulcerative process. If cervical or corporeal metritis exist at the same time, this too should be relieved. In many cases of long standing ulceration the system has become generally deranged, the patient is anemic, nervous, dyspeptic, hysteric, etc. These disabilities may continue for a time to annoy both patient and physician after the ulceration is cured, but under a well directed tonic course they are usually relieved.

In the *treatment* of this affection, the local application of remedies, and scarcely less, local hygienic measures should be used. But dependence should not be placed on these alone. The ulceration is often only a local manifestation of a graver disease behind it; as metritis, endometritis, disease of the cervical canal, or flexion of the uterus. The immediate, as well as remote causes, should be hunted out and attended to promptly, while at the same time topical treatment should not be relinquished. In a few cases, however, the local treatment alone will effect a rapid and permanent cure. "The* disorder which most commonly induces granular ulceration, is mucous or parenchymatous inflammation at the vaginal extremity of the cervix. The solution of continuity to which the caustics are applied, act after their application as an issue, and they, by derivative and alterative influence, effect a cure."

To meet general systemic derangement, the judgment of the practitioner must be left to decide the demands of each case for itself. A general tonic course, either of the mineral, bitter barks or nerve tonic, will usually be indicated. For treatment of other diseases of the womb, when co-existing with ulceration, the means of local treatment are by caustic injections, suppositories, topical bleeding, and occasionally means to have the acrid or profuse secretions checked or removed. Of these the topical use of caustics is the most important. These are applied to the ulcerated surface through a speculum. The cylindrical or Hodge speculum usually answers every purpose, and is far superior for this purpose to the bivalve or trivalve speculum. The Berne speculum is doubtless the best now in use for this or nearly any other operation upon the uterus or vagina. It is necessary that all of the diseased surface should be exposed, which can nearly always be done with the Hodge speculum, by a little dextrous manipulation. The Berne speculum is so well adapted to all manner of manipulations that a short acquaintance with its use will enable the operator to expose any portion of the vagina or cervix necessary. The only objection I can conceive to it, is the greater liability to expose the external genitals, which should never be done unless *really necessary* in order to observe and treat disease located at that point.

The speculum being introduced, the ulcer should be cleared of all secretion, as mucus, pus, or blood, that may cover its surface. If the granulations are very large, they should be snipped off with a pair of long scissor, or scraped off; then, after the hemorrhage has ceased, the caustic should be applied. Nitrate of silver, zinci sulp., caustic potassa, acid nitrate of mercury, carbolic or chromic acid, may be used, or even the actual cautery. Of these, for by far the greater majority of cases the lunar caustic is all that is necessary, and I prefer it to any of the therapeutic agents mentioned. This should be applied over the entire ulcer thoroughly. It seldom causes any pain† beyond a mere smarting sensation which soon ceases.

After this the patient should be directed to use vaginal injections of tepid water largely, or if the vaginal walls are greatly relaxed, and there is a profuse leucorrhœa from the vaginal mucous surface, a mild astringent solution, as of alum, tannin, sulp. zinci, may be used instead of the tepid water. A gallon‡ should be used two or three times a day. For this purpose the Davidson's syringe is a most excellent instrument. The female tube being

*Thomas, p. 217.

† Some speak, however, of its occasionally causing very great pain, nausea, headache, and general prostration.

‡ This should be stringently carried out.

inserted into vagina for its whole length, the fluid should be run through at one sitting. This insures perfect cleanliness, a thing as necessary in the treatment of uterine ulceration as in that of ulcers elsewhere.

The time for the repetition of the caustic application will vary according to the condition of the ulcer. Once in eight to twelve days being usually sufficiently frequent. In an ulcer located on the external surface of the body or extremities, which requires cauterization, we do not repeat the operation, unless for some special reason, as long as it continues to heal or throw out healthy granulations. The same rule should also attain in the treatment of uterine ulcers. Between the intervals of cauterization, vaginal suppositories will prove useful adjuvants. These may be used every night or alternate night by being pushed up to the cervix at bed-time by the patient. These I have usually directed to be made of ungt. hydr. nitras, with extract of belladonna, and occasionally a drop of carbolic acid, the whole in capsule. A very good formula for these suppositories is:

℞. Ungt. hydrargyri, ʒj.
Acid. tannic, ℈j.
Ulmi pulvis., q.s. M.
Ft. suppos., vj.
S.—One to be used at bed time.

If the ulcer is irritable or much pain is experienced, an annodyne may be added, as morphia or extract belladonna. In a case where the ulceration is slight, it may be entirely cured by these suppositories in connection with the free vaginal ablutions recommended. This mode of treatment may sometimes be successfully adopted, where the lady is so strongly tinctured with *false modesty* as to prevent the proper uses of the speculum and caustic. But in cases of extensive ulceration with other grave uterine complications, the physician would be very derelict if he should depend upon the suppositories and injections, to the exclusion of other local treatment.

A medicated sponge or pledget of cotton* may be used in a manner similar to the suppositories, but these are objectionable for the reason that most of the medicated solution is squeezed out and applied to the vaginal walls during the process of introduction, instead of to the diseased cervix, unless introduced through a tube. SIMPSON used and recommended dry powders to the ulcer, by means of a vaginal tube. This might consist of some mild astringent combined with gum tragacanth, or ulmus pulvis., or of alterative mixtures in powder.

To keep the ulcerated surface clear of irritating secretions, or when the secretion is too abundant, a large pledget of dry cotton or lint may be introduced after each injection, which will absorb them, and in their withdrawal partially clean the vaginal surface. These should have a strong thread attached to facilitate removal. Topical bleeding is a remedy strongly recommended by some authorities, and is in many cases of great advantage, but as a rule I deem these unnecessary and sometimes damaging, for we generally find the patient more or less anemic, and bleeding will only add to that trouble, without anything more of advantage than very temporary relief of the local hyperæmia. SCANZONI, however, recommends this in the following terms: "As* to treatment, the most important point is first to diminish the hyperæmia of the uterus, which on one side produces the ulcerations, and on the other is kept up by them. The best means of attaining this end are, to repeat every six or eight days local blood-lettings, the action of which should be kept up by the continual use of a slightly purgative mineral water. * * * * We can state that we have never seen these depletions which are repeated at such great intervals exercise any debilitating influence upon the system." Notwithstanding this strong statement from so high an authority, I would hesitate to practice topical bleeding in cases greatly debilitated, or where a sanguinous discharge was occasionally taking place from the diseased surface, and especially if the patient was the subject of menorrhagia or metrorrhagia.

The bowels should bealways kept regular, by securing one or two easy movements daily. This can usually be accomplished when necessary by one or two dinner pills, or comp. rhei pills. Good nourishing diet, easy of digestion, should be used. Some authorities strongly recommend that the patient be kept in bed. This I deem to be bad practice, for the confinement must, to be of utility, last from one to several months, which would inevitably produce muscular weakness, a tendency to constipation, digestive derangements, im-

*Sims.

*Dis. Females, Fourth Ed., pp. 220-1.

poverishment of the blood with more or less nervousness and mental dissatisfaction, all of which should be studiously avoided. Much better is it for the patient to take abundant passive and moderate active exercise, adopting at the same time every possible hygienic advantages, with which the physician should combine a good general tonic course of treatment.

(*To be continued.*)

Medical Societies.

THE CENTRAL NEW YORK MEDICAL SOCIETY.

The semi-annual meeting of the Central New York Medical Society was held in City Hall, Syracuse, Dec. 19, commencing at 11 o'clock A. M. The organization includes the counties of central and western New York. The attendance of physicians was very large.

PRESIDENT'S INAUGURAL ADDRESS.

Dr. Hovey, of Rochester, read his inaugural address, extracts from which we present below:

In the brief history of the Medical Association of Central New York, we find greater prosperity and more permanent good, and a larger stride in the advancement of medical science than its most ardent founders anticipated. Its meetings have been largely attended and represented by the best men of the profession, who are distinguished throughout the State and country for their learning and ability. These men have by their talent rendered our meetings profitable and interesting. At each convention a large number of well-written essays, on topics well selected and properly discussed, have been presented.

Communities have a right to demand that the physicians shall be informed and posted on all questions relating to health and disease. He is by his profession made the adviser of and minister to the people, so long as he follows his profession. It is just as dishonorable and degrading, professionally, for a medical man in the profession to prescribe a routine of medicines of all diseases without investigation of cause or effect, as it is to give the infinitesimal dose without knowledge of the pathology of disease.

Yesterday I was called to see a child in a family who had for several years employed the homœopathist persuasion to do their medical business, and after a careful investigation of the patient I prescribed only hygienic treatment. The mother remonstrated, and said "that her doctors had been in the habit of giving from two to four kinds of medicine, and they never have asked one-tenth the number of questions you have, and she thought her child needed remedies." Again within ten days I was called in consultation with a member of the profession, who had been administering a routine of active remedies with no apparent appreciation of their nature or of the pathology of disease.

To avoid difficulties like these, and others, the physician should embrace every opportunity within his reach, and profit not only by his own experience but by the united experience of others, and by the literature of the profession.

Typhoid Fever and Bowel Hemorrhage.

Dr. Weed, of Clyde, presented a paper on the treatment of hemorrhage of the bowels in typhoid fever. Dr. W. referred to the grave complication of this hemorrhage and its cure. It might be affirmed that in an exhaustive fever this symptom was an alarming one. It had occurred even in convalescence; various astringents had been recommended, but their operations were not always satisfactory. He gave the history of a case where blood was passing largely, and the prognosis was most unfavorable. The styptic properties of the oil of turpentine occurred to him and he resolved to give it a trial; he gave teaspoonful doses repeated twice in thirty minutes, and then in smaller quantities, as the cases seemed to require. The doctor gave a history of several cases of a similar and very severe character, in which turpentine had always been given with *complete success*.

Cathartic Remedy for Albuminuria.

Dr. Moore, of Rochester, presented a case. He read a paper at the last session on *albuminuria*. He had endeavored to enforce the idea that *albuminuria* might remain, as an organic disease, for a considerable length of time; and during that time there was a remedy in cathartics, and that remedy common epsom salts. The case was that of a patient where the condition of *albuminuria* was removed by the cathartic treatment.

Dr. Benedict gave the history of a case of similar character that had fallen under his notice at the time of the last session. The patient had been going rapidly downward, and he had almost given her up when he heard the recommendation of Dr. Moore, of Rochester, at the last meeting. He immediately gave her the remedy Dr. D. had recommended, and found relief from her dropsy and the difficulty of breathing she had experienced. In the course of six or seven days the dropsy had ceased, and the traces of albumen were less marked. She omitted the salts for a time, and was taken care of by a physician of Utica, who treated her differently. Her symptoms returned, and again Dr. Benedict treated with the salts, and found marked relief, but she was finally worn out and passed away.

Dr. Campbell, of Skaneateles, had two cases one of which had been treated after Dr. Moore's plan. Sulphate of magnesia he

thought had driven away the presence of albumen, but severe headache had continued; in the seventh month she had been taken with convulsions; he had put her under the influence of chloroform for three or four hours, and he had given all the sulphate of magnesia she could take; she continued through the day unconscious and no convulsions, and the next day seemed to be improving, but some shock occurred. The test showed two-thirds albumen; coma occurred; one hand and foot were not used by the patient; artificial delivery followed, when she sank and died in a comatose condition.

Dr. Mowris, inquired whether the saline treatment had been successful after scarlet fever, and Dr. Moore replied in the affirmative.

Shamming Lame Backs.

Dr. Moore made interesting statements regarding what he termed "malingering lame back, "which might not be inappropriately termed "shamming lame back." During the war a large number of patients had been sent to the Rochester Hospital from New York. Some of them claimed to be suffering from lame back, and were lying about the matter. The statements of the men had been taken because no objective asseveration could be reached. How to diagnose the cases objectively was the great problem. The doctor's method was the most ingenious. He suspended a trapeze, and the patients were required to take hold of the bar and partially bear their weight by their hands; while hanging in this way, with their feet just touching the floor, they could be swung from side to side. With the hand he could feel whether the muscles on each side of the back relaxed and extended naturally. If they did the patients had been shamming, and their lame backs were a myth. This method had been most successfully used.

The Mumps.

Dr. Eldridge related cases of mumps which he had invariably cured (even when *orchitis* had taken place) with an emetic in twelve, fourteen or twenty-four hours! He never knew the emetic to fail.

Resolution Concerning Abortion.

Dr. Button presented the report of a committee, which was unanimously adopted:

WHEREAS. The subject of criminal abortion is of vital importance to the community and profession; therefore

Resolved, That this association fully and cordially indorses and approves the action of the American Medical Association and of the New York State Medical Society; upon this subject, and that we pledge ourselves individually and collectively to discountenance and oppose the practice of this crime in the community.

Detection of Abortion.

Dr. Ely Van De Warker, of Syracuse, presented the second of his very valuable papers on the "Detection of Criminal Abortion." He stated that various methods were adopted for the purpose of procuring abortion. The one most common where it was induced instrumentally was that of the uterine douche. In France, puncture of the membrane was usually resorted to—instances of self-probing were very common, and often resulted in death from injury done to the womb.

Electricity was also used to spur the womb to contraction. It is truly a diabolical little instrument. The evidences of criminal abortion, when it is procured either by douche or probing, are of a marked character—dribbling away of the amniotic fluid, sudden pain, and hemorrhage, which culminates in an abortion. The fact that a fœtus presents signs of life when it is expelled, is an evidence of criminality. Natural, slow-acting causes always cause death of the foetus. An abortion caused by drugs is a slow-acting cause, and results in a dead fœtus. Other interesting points were introduced by the speaker.

Dr. Whedon, of Syracuse, introduced to the association a little girl who was afflicted with *scleroderma*. The disease is very rare indeed, some of the physicians never before having met with a case. It was examined with great interest. Dr. W. stated it was yielding to a treatment of oil, iron and iodide of potassium.

President Hovey announced that the next session of the society would be held in Rochester. He hoped all members would come prepared with papers and remain to an evening session.

On motion of Dr. Benedict, the association adjourned to meet in Rochester the third Monday in June next.

OSWEGO COUNTY (N. Y.,) MEDICAL SOCIETY.

Oswego, Dec., 12 1871.

This Society met at the Revenue House at 10 o'clock this morning and was called to order by the President, Dr. STEVENS.

Yellow Fever.

Assistant Surgeon Brown, U. S. A., then read his paper on Yellow Fever as he saw it in 1867 among the U. S troops in New Orleans and vicinity. After describing the city of New Orleans, its surroundings, and the fear of the inhabitants during that dreadful season, the doctor explained the different types of fever and the symptoms of the same. He gave his experience in treating the epidemic. A camp of sixty soldiers, situated at New Iberia, La., passed the summer of '67 without a single case, although the epidemic prevailed in the town to an alarming extent. Disinfection was thoroughly carried out, and as a preventive a table-spoonful of white mustard seed was put into a glass of whisky, and after remaining fifteen minutes the whisky was drank by the men. The principal thing in cases of yellow fever was good nursing, and the Creole nurses are the best in the world. Strict

quarantine of at least twenty-one days should be enforced in cases of ships coming from infected ports.

Poisoning by Opium.

Dr. Murdoch reported a case of poisoning by opium. A lady of melancholy spirits purchased a two ounce vial of laudanum and took the whole. The doctors gave a very interesting account of the efforts to relieve the patient. Doctors Brown and Stockwell were associated in this case. This is the first case he knew of where a patient has recovered when under the influence of opium so long. He attributed the saving of this woman to the injection of atropia.

EDITORIAL DEPARTMENT.

PERISCOPE.

Remarks on Intestinal Obstructions.

Dr. ROBERT BATTEY, in *The Georgia Medical Compa ion* makes the following remarks on some cases of this nature:

In the first case cited, it was manifest at the *post mortem* examination that the early use of a distensile enema, of even three pints of warm water, would have rescued this patient *promptly* and *certainly*. This inference was irresistible—as it was the use of purgatives, and purgative enemata in the earlier periods of the illness was continued, with a patient pertinacity worthy of a happier result. Repeated partial evacuations were obtained, to encourage perseverance in the method adopted, and yet, as the event proved, all to no good end. Why was this so?

In *post mortem* inspections, after intestinal obstruction, it is not unfrequently observed that restricted areas of both the lesser and larger intestines are found to be violently and permanently contracted down, into a sort of cord, by spasm of the muscular coat, while adjoining portions above and below are of normal or even abnormal distention. It seems quite reasonable to infer that this spasmodic stricturing of the canal is coincident with the severe colicky pains present in the history of the case. While this state of firm contraction exists at any point in the canal, with gaseous distension above and below; if violent peristaltic movements be induced by the exhibition of an active purgative, how readily would the contracted portion slip down and become invaginated in an adjoining dilated part and intussusception be produced.

A similar action may likewise occur when the exciting cause is an irritating or purgative enema producing the active peristaltic movement.

Again, suppose at some point in the colon a mass of scybala becomes impacted; irritation of the intestine results; colicky pains comes on with flatulent distention, while the muscular coat is strongly contracted and firmly grasping the mass in its fold. Imagine the action of a vigorous purgative in such condition, throwing the intestines into violent peristaltic commotion; how easily might a distended portion above reduplicate itself over that below, holding the mass in its grasp. Suppose, now, the three layers overlying the obstructing material by their three-fold muscular power, should expell it to a point lower down, and leave an intussusception behind. In this case the fecal matters might easily be brought away by purgatives or purgative enemata, while the invaginated intestine is by the same agency being more and more firmly grasped in muscular spasm, and the fate of the poor sufferer effectually sealed.

And yet again: suppose a knuckle of intestine has slipped beneath an adventitious band, left by some former local peritonitis, and become strangulated; the irritation, the pain, the intestinal muscular spasm which ensue may equally give rise to fatal intus-susception, under the stimulus of an active purgative dose.

Has it been the fortune of the reader to have passed his earlier life upon a Georg a plantation? Has it been his lot to witness in person, in its annually recurring season, the various stages and manipulations of the complex art, popularly known by the term "hog-killing," by which the various tissues and organs of that animal are prepared for domestic uses and human sustenance? Has he ever stood over the large tubs of clear spring water, containing the "sausage skins," as they are sometimes called, and observed an old negress, who ordinarily conducts the cleansing process, fish up with her finger the end of an intestinal tube, insert a joint of reed into its calibre, and inflate it with her breath? If so, he has taken his first lesson in the management of intestinal obstruction. See how the dead mass of confused and shapeless membranes progressively assumes form and semblance as the air distends their parieties. How they suddenly become reanimated as it were, and rapidly disentangled from the chaotic confusion, wind themselves, like the serpents of Laocoon, in graceful curves about the sable arm of the operator. Observe more closely, as the breath is blown in, and note the propelling power of the inflation; how it causes

the intestine to withdraw itself as though instinctive with real life, from an entanglement aptly comparable to the Gordian knot, with all the ease and grace that a serpent emerges from the tangled grass. Take up a loop of the intestine in the hand, confine it between the fingers, and note with what ready power the distending inflation withdraws it from your grasp. Surely the power of *distention from below* is the very force needed for the relief of intestinal obstruction, whatever be its cause, if indeed the cause be removable by human art.

The requisite distension, for the purpose in view, may be obtained by either of three methods, namely: first, by forcing air into the bowels with a bellows or pump; secondly, by the disengagement of carbonic acid gas in the bowels, from the union of tartaric acid and bicarbonate of soda, separately introduced; and third, by the forcible injection of suitable fluids.

To the first of these it may well be objected that the introduction of atmospheric air into the bowels produces irritation; that irritation induces peristaltic movements, muscular contractions, muscular spasm, all of which tend toward insusceptibility, and antagonize the efforts at distention. To the second the same objections apply with yet greater force; and the power invoked is eminently uncertain in its degree and difficult to be regulated and controlled. On the other hand, to the distensile enema of simple tepid water, no valid objection can be urged. It is eminently unirritating, soothing and relaxing even in its properties. It exerts a force directly proportioned to the bulk employed by reason of the incompressibility of water, a force which can be regulated at will. It is always at hand, and can be successfully administered, if need be, with a hog's bladder and joint of reed.

In *every case* of intestinal obstruction, either feared, suspected, or known to exist, where the duration does not raise a well grounded apprehension of gangrene, an anodyne having been premised; the distensile enema ought to be the *first*, and for the most part need be the *only* power invoked for the cure. In the treatment of colic and fecal impaction, it is wise to abstain from the use of active purgatives until all spasm of the intestines is allayed, and fecal accumulations are removed by the distensile enema.

Hydrocele.

Dr. GEORGE TILDEN, of Omaha, Nebraska, sends the following to the Leavenworth *Medical Herald:*

Mr. C., æt. sixty years, called upon me about a year since to consider as to the best means of relief, by way of some apparatus or appliance, from serious inconvenience and discomfort and troublesome excoriations, arising, as he termed it, from "enlargement of the testicle." Upon examination, I found a tumor, in form and appearance, precisely like that produced by hydrocele, though very much above the average size. At this point of the examination I suggested that it might contain water; he answered, that could not be, as he had, from first to last, been carefully examined by three different physicians, and each one had told him that it was solid, and of a cancerous or malignant nature, would sooner or later certainly destroy his life, and that they could do nothing for him. To my surprise, somewhat, I was enabled to detect fluctuation. I then placed a lighted candle on one side of the tumor, but could not discern the light through it, taking, as I did, the precaution to stretch the integuments. Though transparency and fluctuation were not present, this did not quite convince me that the tumor was not composed largely of serum. Now it is known that these great aids to diagnosis of this disease are sometimes wanting as a result of thickening of the tunica vaginalis, and that this may sometimes be known by a prominence it forms along the epididymis. On the other hand, in solid tumors of the testicle, no such projection along the epididymis exists. My first impression was strengthened, and I was anxious to employ the exploring needle to correct or confirm it. But as my patient did not consult me with a view to any operative procedure, and was a very timid man, I experienced no little difficulty in persuading him to permit me to make even an exploratory puncture. After confirming my diagnosis with this instrument, I evacuated, with the common trocar and canula, twenty-eight ounces of dark colored serum. Perhaps the dark color of the fluid contributed, in some degree, to obscure the transparency of the tumor. Reaccumulation of the fluid took place far more rapidly that is usual in such cases, and in three weeks the tumor was as large and hard as ever. I gain evacuated about the same amount as before. I used no injection, and made no effort whatever to effect a radical cure. Strange to say, the sac did not refill, and the patient did not suffer from any of the symptoms of inflammation. At the end of nine months from the last tapping there was no evidence of reappearance of the disease. The patient left the city, and I have no further history of the case. The tumor, when first seen by me, was very hard and tense. It had been rapidly developed for a case of hydrocele. These facts, I have no doubt, contributed to throw the physicians, who examined it, off their guard. Perhaps, I should state also, that the patient had, from time to time, labored under the symptoms of sub-acute inflammation of this organ. This might account for the unusual thickness of the tunica vaginalis, and the pain, perhaps, gave rise to the idea of malignancy.

There are, I think, two or three features in this case that are worthy of notice. It teaches the great necessity and importance of employing *all* the means in our power in arriving at a

diagnosis before coming to hasty conclusions. Inability to detect, or the absence of fluctuation or transparency in a case of hydrocele, is no excuse for the utterance of the dark and gloomy forebodings expressed to this patient. More especially is this the case when all doubt may be removed by a means so harmless and simple as the exploring needle, thereby saving the physician from reproach and ridicule, and the patient from the groundless fear of death. And another object in reporting this case is to call attention to the curious and perhaps inexplicible fact that as far as known simply by the so-called palliative cure, *without any appreciable resulting inflammation whatever*, it is believed, a perfect and complete case of hydrocele was effected, as there was not a particle of evidence of return of the fluid after the lapse of nine months. And the fact that such cases do occur should, perhaps, incline the surgeon to first employ the palliative method rather than resort *at once* to the more hazardous operations performed for the radical cure of this infection.

Belladonna for Arrest of the Mammary Secretion.

Dr. Thad. A. Reamy writes to the Cincinnati *Clinic*, January 6:

Mastitis is no trivial affair; and mammary abscess is a calamity which every conscientious obstetrician will spare no pains in averting from his parturient patients. When the child is still-born, or dies soon after delivery, or from any cause cannot be put to the mother's breast, any means which will arrest the mammary secretion is at once a desideratum.

Belladonna, if properly employed, generally proves itself an agent competent to such a result.

The testimony of the profession, however, upon this point, is quite conflicting. I need not stop to quote the authorities *pro.* or *con.* They are well known to be pretty equally divided, as to numbers and credibility, each founding his opinions upon clinical experience. My own testimony is authorized by observation of 22 cases in private practice, running over a period of 15 years. In 20 cases success was perfect. That is, no amount of secretion occurred which gave rise to any trouble. In several cases no milk was secreted at all. In two cases the remedy seemed to exert no influence whatever, the milk tubes being fully distended within the usual time; in one of them intense inflammation supervened followed by abscess. It is but fair to state, however, that in this case the breast which suffered had endured a similar experience at a former period, and, from the consequent changes of structure, had not recovered. In my judgment three important items enter largely into the question of success or failure with the remedy, viz.: *Time when employed; preparation of the drug; manner of application.*

First, Time. The application should be commenced within a few hours after delivery. Usually from forty to seventy hours intervene between delivery and full establishment of milk secretion. During this entire time the remedy should be applied, as it is far easier to arrest the secretion in its incipiency than when under full headway, to prevent the filling of the lacteal vessels, than to dispose of their contents, and the coincident pain and inflammation, after they are already filled. The plausibility of this proposition seems to me sufficiently manifest without argument, but is enforced by the views now most generally received, by them who have faith in the antigalactic powers of belladonna, as to its *modus operandi*.

Second, as to Preparation. An aqueous solution of the alcoholic extract, say fifty grains to the ounce, is preferable either to the fluid extract or an ointment—for the simple reason that it is more readily absorbed.

As to mode of Application. Let it be applied with the open hand of the nurse over the entire gland, or better still, let strips of muslin saturated with the solution be applied and covered over with oil silk. *Let all friction be scrupulously avoided* as tending powerfully to excite secretion in the gland.

Finally, and for the same reason, let the breasts not be emptied of colostrum or of any milk which may have been secreted Keep pups, pumps and nurses mouths away. No injunction made will be more difficult to inforce than this; nurses will insist that "a part of the milk at least must be abstracted. The breast must dry up by degrees," and yet, who does not know that for every drachm of milk drawn six drachms will be secreted as a consequence of the abstraction.

I may be excused for insisting with my professional brethren who may wish to give the remedy a fair trial, that if on the second or third day, as may often occur, there should be some general fever accompanied with more or less pain and fullness of the breasts, no alarm need be suffered; do not be driven to abandon the treatment; all those symptoms will subside in a few hours.

In this connection I am informed by my colleague, Prof. Jas. T. Whittaker, who was for six months a pupil in the Vienna General Hospital, that it is the uniform practice in that institution upon the intervention of the first symptoms of inflammation in a mammary gland, to wet nurse the child, and thus remove every source of irritation. And he saw no cases of mammary abscess in any ward in that immense charity. I am gratified thus to have attested by the experience of extended hospital practice, the truth of principles which I had settled upon as the result of personal observation in private practice. I have spoken only of belladonna for arrest of secretion in cases where desired. In a future article I shall

give my experience with it, in the management of inflamed and painful breasts where lactation was permitted to go on.

Black Small-pox and its Treatment.

Mr. JOHN AIKEN, of Glasgow, has the following valuable article in the *Glasgow Medical Journal*:

The onset of this fearful form, in most of its symptoms, resembles that of ordinary small-pox. It is attended by the usual sickness, fever, furred tongue, etc., but in addition there is very great oppression of the breathing, and great prostration of strength. The pain in the back, so often looked upon as pathognomonic, is quite a variable symptom, its place being occupied by the hurried and oppressed respiration. The patient is usually brought to the hospital about the fourth or fifth day of the disease, but in a few cases we have had the privilege of observing its progress from an earlier date. The ordinary state of patients on admission, and progress of the disease, may be described as follows:

The patient lies on his back, apparently exhausted, the legs stretched out, and the arms and hands lying as if powerless, by the sides. The face is flushed, and a deep red color, with more or less of a cyanotic hue. The respirations are hurried, imperfect, and not filling the chest—often exceeding 30 per minute. The pulse runs from 100 to 140, and, at this time, is full, but soft, and often intermitting. The skin is hot, and gives to the hand a feeling of acridity, while the thermometer records from 104° Far. to 106° Far., and in one 108·2°. In many cases, and especially in the early stage, the skin is excessively tender, the patient suffering acute pain, even from an attempt to examine the state of the pulse if not very gently conducted. The corneæ are preternaturally bright, and sometimes the conjunctive are injected while the eyelids are swollen and of the same dusky red as the face. The skin on the surface of the body has a similar appearance. This congestion, for the first few days, disappears on pressure, but is freely intermingled with a punctated ecchymosis. In the most rapidly fatal of those cases, there is almost no trace of a vesicular rash, while in others a few scattered vesicles of ordinary size may be distinguished, and in most favorable cases a very flat rash of a vesicular nature may be found shining through the cuticle like so many white spots, yet never developing sufficiently to be perceptibly raised above the surface of the skin. It can be felt beneath the cuticle like grains of sand freely sprinkled over the skin.

As the case proceeds, the points of echymosis, sometimes slowly, but sometimes with fearful rapidity, increase in size and number, and, coalescing, form large collections of extravasated blood. A similar effusion soon takes place from the conjunctival vessels, so as to form mere sacs of dark-colored blood, more or less burying the corneæ. Should the patient be a female, from a comparatively early period in the case we find uterine hemorrhage. This may commence at any period between the second and fifth day, but more frequently toward the fifth. At first the blood is fluid and dark in color, but, as the quantity increases, is is discharged in the form of large, dark-colored clots, which are easily broken down. In some cases the quantity lost may be so great as actually to cause death. Such was the case in E. R., a young woman twenty-three years of age, who died with all the symptoms of post partum hemorrhage, on the seventh day of the disease. A careful inquiry could elicit no possibility of early pregnancy; in fact, the girl stated that she had menstruated almost immediately before her present illness. It occasionally happens that hœmorrhage occurs at or near a menstrual period; but although this is a noteworthy circumstance, it is not a fact of great clinical importance. The ordinary menstruation occurs, as usual, during small-pox, often slightly increased in quantity; but this has no prejudicial effect, but rather the reverse, as it frequently is followed by a relief of the mental disturbance, and occasionally an abortion of the rash. If, however, the case be one of hœmorrhagic small-pox, the quantity discharged soon becomes excessive, and all the characters of normal menstruation are lost. Toward the close of the fifth or on the sixth day (sometimes a little later if the patient be a female), the sputa become rust-colored, and the oppression of the breathing rapidly increases. The quantity of blood becomes greater hour by hour, until the expectoration has the appearance of tar mixed with viscid mucus. In one case, to which we shall afterward have to refer, bright arterial blood welled from the mouth in the form of a fine froth for several hours. It was carefully ascertained that in this case there was no epistaxis. The urine about the same time becomes first tinged or smoky, and then loaded with dark colored blood—never in the form of clots, but occasionally containing fine shreds. The stools toward the close contain blood in large amount, either in a tarry state intimately intermingled with feces or in a fluid state evidently shed from the lower bowel—the fecal matter, when distinguishable, being very pale in color and clay-like.

The subcutaneous ecchymoses increase until large masses collect in a cellular tissue, distending it, and raising lumps as if of recent bruises. Sometimes this takes place in the forehead and eyebrows, causing them to overhang the eyes, and giving to the whole face a most repulsive expression.

Such a state never lasts long. The temperature, which has hitherto been six or seven degrees above the normal, suddenly falls beneath it; the pulse runs up until it is almost uncountable, frequently intermitting and

very feeble; the respirations increase in frequency and decrease in efficiency, the air being but little carried into the lungs though the struggles of the patient for breath, are agonizing. Blood pours from all the mucous surfaces, and, oozing through the distended conjunctivæ, trickels over the cheeks with the tears—giving to the face, already sunken and death-like, an aspect more disgusting than it is possible to describe, and causing one to wish for the termination which so soon relieves the sufferer. During the greater part of the time the patient retains his consciousness, and it is only at the very conclusion that the sufferings are veiled by the advent of semi-coma. In children I have seen obstinate bleeding from scrofulous ulcers on the neck. The blood shed was fluid and very dark in color, and the bleeding was not controlled by touching the surface of the ulcers with nitrate of silver.

Until the end of May last not a single case was known to have recovered.

Before long I became satisfied that we had to deal, not with extraordinary virulence of the small-pox poison, but with its development in a peculiarly fitting soil; in fact, that it was not the epidemic nature of the disease, but the condition of the patient, which was the main determining cause of the type. A fortunate sequence of cases suggested the seat of the mischief. It was a well known fact that a change of residence from the country or a small town, where a person has been constantly employed in the open air, to a large city and an in-door employment, is followed by very marked symptoms of impaired nervous energy. This history and these symptoms preceding the commencement of the attack I found in a number of consecutive cases, and I was thus led to extend my inquiry into other causes of enervation in the previous history of the patient. Epilepsy, paralysis, chorea, and other causes of impairment of the nervous system, appeared in the previous history of some, while in others, where the cause of nervous lesion was not so evident, nothing more than previous symptoms could be elicited, attributed to confinement in close or ill-ventilated work-shops, heat, or some other depressing agency. The great prostration and the tendency to hypostatic congestions which I observed invariably in such cases strengthened my opinion. Having thus been satisfied that the lesion lay in the nervous system, the next step was to try what could be done in the way of treatment. I chose strychnia as the most powerful nervine tonic with which I was acquainted, and determined to push its use to the greatest extent possible. The following was the mixture used:

℞. Liquoris Strychniæ,
Tinct. ferri hydrochlor., aa ʒj.
Inf. quassiæ, ad ʒviij. M.
Sig.—One to be given every three hours.

Considerable fear was entertained at first lest mischievous effects should be produced by the large doses of the strychnia in the exhausted state of the patient, but experience showed that ʒjss of the *Liquor* might be given in the twenty-four hours, *if the case was very severe*, and yet no physiological effect be produced; while in an ordinary case, in which merely ʒj per diem had been given, slight trismus and pain and twitching in the muscles of the neck resulted.

In those instances in which the case came under treatment early, our results were very satisfactory. If the hæmorrhage had not yet commenced, it was often prevented, or merely occurred to such an extent as to show the tendency; while if it had commenced, packing in wet sheets for a few hours was found a most valuable adjunct to the treatment. Mr. Greaves had previously satisfied himself that this practice had a beneficial, though transient, effect upon the hæmorrhage; but it had been discontinued on account of the great exhaustion it produced, which we now found could be avoided by the combination and the administration of a small dose of stimulant on the removal of the pack. The next beneficial effect noted was the relief to the respiration. The crepitus, which before could be heard all over the back of the chest, diminished, and the respirations became much more efficient and decreased in frequency. The color of the face improved, the pulse became steadier, and the ecchymosis disappeared. The rapidity with which this latter effect took place was a matter of great astonishment to us all. I have seen a young man brought in with the whole skin like the color of the bloom upon a plum, the breathing rapid and oppressed, the urine containing a large quantity of blood, while not a trace of rash could be found on the body; and in three days the ecchymosis disappeared, the breathing became tranquil, the urine clear, and a copious small vesicular rash was developed upon the skin. This now introduces the next feature—viz., the development of the rash. This usually takes place to a greater or less extent within the first twenty-four hours of treatment; but it is not the ordinary rash of small-pox. It consists of a greater number of minute vesicles, which continue flat, and as the case progresses, coalesce, detaching large pieces of the cuticle, which is raised into enormous blebs sometimes standing three-fourths of an inch above the surface, and filled with a sero-purulent fluid. These burst and form crusts which eventually fall off, leaving no pits, but a tender pink skin beneath, which was often the seat for some time afterward of furfuraceous desquamation. This development of rash after the use of strychnia I have seen in cases not of a hemorrhagic type, and was thus led to adopt the rule never to give it until the rash had fully declared itself.

My colleagues and myself have now treated

in this way over forty cases which came under treatment at a time when there was a possibility of doing them good—viz., either before the commencement of hemorrhage, or before it had become alarming; and we have had the satisfaction of guiding fully two-thirds of such cases to a successful termination; while under any other method we believe they would have died.

Value of Disinfectants.

Dr. Endeman, assistant chemist to the Board of Health, New York, at the request of numerous members of the Lyceum of Natural History of Kent City, gave a sketch of experiments tried with various disinfectants, under the direction of the Board of Health, taking them up in the following order:

1. Metropolitan disinfecting fluid. This famous disinfectant is composed of 90 per cent of a saturated solution of sesquichloride of iron, and 10 per cent of carbolic acid. If it be entirely neutral, its operation is quite effective; but the chief difficulty encountered with it was in its acid character, which destroyed articles brought in contact with it, and often liberated bad gases.

2. Girondin disinfecting fluid is composed of zinc and copper salts, and can only be obtained on a large scale in countries where these salts are the incidental products in extensive chemical manufactures.

3. Chloralum had been subjected to a thorough trial, and found wanting. It is essentially composed of the hydrated sesquioxide of aluminum, and in its action has the tendency to liberate sulphuretted hydrogen instead of fixing it.

4. Bromo-chloralum is the preceding with a little bromine added to it; but as this bromine is in combination with alkaline bases, it is of no effect; and the disinfectant was found to be no better than it should be. The fact was brought out that forty years ago. M. Gannal, in France, proposed chloride of aluminum for the embalming of bodies, but did not seem to find acceptance, and was forgotten until Mr. Gamgee recently revived it for the preservation of meat. It appears to have disappointed the expectations that were raised in reference to it; and also as a disinfectant and antiseptic its value has been overrated

5. Egyptian powder was declared to be only a little less disgusting than the bad odor it was intended to disinfect. The remedy was worse than the disease. It appears to be essentially clay, mixed with a few per cent. of the carbolic acid containing in refuse tarry liquids, and was said to have a decidedly disagreeable smell.

6. Dry earth and peat. Dr. ENDEMANN gave us the result of his experience, that for the disinfecting of night soil, there was nothing so valuable as dry earth and peat. Other disinfectants poisoned the rich soil and destroyed vegetation, but the simple earth prevented the growth of germs and thus stopped the spread of disease and added to the growth of plants. We cannot dispense with disinfectants and antiseptics on all occasions, but there are many instances where dry earth could be more effective, while it is cheaper and more easily handled.

Reviews and Book Notices.

BOOK NOTICES.

The Transactions of the American Medical Association. Vol. xxii. Philadelphia: Printed for the Association. 1871. 1 vol., 8vo., cloth. Pp. 393.

The minutes of the last meeting of the American Medical Association were published in this journal, and, therefore, require no further notice. Omitting these, the code of ethics, and the routine reports of the officers, it leaves about two hundred pages of the present volume devoted to subjects of scientific interest. This is no flattering exhibit for such a body, but quite as much, perhaps, as we can expect from it, under its circumstances. The progressive diminution in size and value of the Transactions, is a most significant fact.

The report of the Committee on Medical Education is a carefully compiled paper, but is disfigured (p. 143, etc.,) by a forcible intrusion of political questions, contrary to good taste. Dr. Hatch's Report on the Climatology of California contains much that is interesting on that subject. It betrays, however, a tendency to indiscriminate praise which facts do not yet bear out. Dr. A. B. Hawley's Report on Minnesota is carefully drawn up, and instructive. The Report on Criminal Abortion is a rhetorical article, hardly suited to what this volume purports to be, although the principles advocated are sound enough. Dr. Paul. F. Eve contributes a condensed report of one hundred cases of lithotomy, lithotrity, etc., from his own practice. Dr. A. S. Hudson's article in Luxated Elbow—a valuable surgical observation—deserves study. The prize essays are on the Chemical Constitution of the Bile, by D. Edward R. Taylor, of California, and on a method of treating persons apparently dead from drowning, etc., by Dr. Benjamin Howard. The former does not contain any results of orignial research; the latter appears to be a development of Dr. Howard's article, published a few years ago, in Dr. Beard's work on Domestic Medicine, entitled "Our Home Physician." Such are the transactions for this year.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 20, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

AMERICAN MEDICAL ASSOCIATION.

The arrangements for the meeting of the American Medical Association in this city, we are glad to learn, are progressing satisfactorily. Arrangements have been completed with all but one or two of our hotels for a decided reduction in the price of board *per diem*. Most of the railway and steamboat lines throughout the country will make a material reduction in their charges, some of them giving return tickets free to those who hold a certificate from the Permanent Secretary. These certificates will be obtained of the secretary during the session of the association.

It is the wish of the committee of arrangements to make the approaching meeting a success in a literary and scientific point of view, and to this end it is hoped that volunteer papers of *real practical value* will be presented on various subjects by members of the profession from all sections of the country. There is no class of physicians who are more capable than many of our country practitioners of giving experiences and observations of value from everyday practice. Those who propose to send or bring papers should notify the Permanent Secretary, Dr. W. B. Atkinson, 1400 Pine street, this city, as early as possible, giving title and probable length of paper, as ten, fifteen, twenty minutes, etc., as the case may be.

A STATE BOARD OF HEALTH.

An efficient, intelligent, active State Board of Health ought to be appointed in every State in the Union. Massachusetts has set an admirable example in that respect, and it ought to be followed. The amount of information which has been collected by the Massachusetts Board has proved of inestimable value, not to that State alone, but to all persons, everywhere, interested in ameliorating the condition of the race.

The suggestion on this subject by the Governor of Pennsylvania in his last annual message is timely, and ought to be carried out without delay. His words are:

"Many eminent medical and other scientific gentlemen have suggested that the organization of a State Board of Health, under the auspices of the Legislature, would be greatly conducive to the general welfare of the people of the Commonwealth. After mature deliberation I thoroughly accord in this opinion. Local boards of health may answer the purposes for which they are established; but their fields of operation are limited, and they cannot accomplish the objects contemplated by the appointment of a general State Board. The prevalence of yellow fever in former years, which spread beyond the boundaries assigned to the Philadelphia Board; the devastation produced by the small-pox during the past year; the fact that the Asiatic cholera is marching over its old track to our very doors; and the many other influences which constantly threaten the health of our citizens, seem imperatively to demand the creation of as efficient a sanitary institution as legislative wisdom can possibly devise.

"The Board could be formed somewhat similar to that of Public Charities. The expense to the State need be no greater, while the benefits to be derived are incalculable. The head of the Board should be a physician of undoubted respectability in regard to every necessary acquirement, and large experience in the practice of his profession, while the Board might consist of five or more medical men, resident

in different parts of the State, who would perform the duties, if not gratuitously, at least at a very moderate cost. The general objects should be clearly specified and defined; and each member should exercise a careful supervision over the sanitary condition of the district of the State to which he might be assigned. The appointment of such a Board cannot result otherwise than in great sanitary reforms."

The unusual prevalence of epidemic diseases, and the needless waste of life in our mining districts through ignorance of sanitary laws, speak plainly of the propriety of action of this character.

The condition of our penal and charitable institutions requires constant supervision, which such a Board ought to give. The limitation of the crying evil of prostitution in the great cities must sooner or later be attempted. The enforcement of general protective measures, such as vaccination, will soon become necessary. The adoption of measures looking toward collecting accurately the vital statistics of our population ought not to be postponed. The evils of adulterated articles of food and drink, and especially the effects of alcoholic liquors on the general health, should be investigated. In fact, the field is a vast one, and it cannot be entered too early.

CLIMATE IN DISEASE.

Having had occasion lately to look over a number of reports on climatology, we could not but feel astonished at the absolutely chaotic condition in which our knowledge of that subject is at present. Principles of the most diverse complexion are advanced, as if none others had even been advocated. While experience, that test which we naturally look to as most satisfactory, here seems quite as much at fault.

Narrowing the inquiry to a single disease, and limiting our investigation to what is considered the most desirable climate for persons affected with tuberculosis of the lungs, the discrepancy is just as great.

In nearly all the reports there is evident either a strong local bias which induces the reporter to praise some spot in his own neighborhood, on insufficient grounds; or else there is an obvious prejudice in favor or against some particular kind of climate—moist or dry, the mountainous or marine.

Of course, in all such reasoning error is sure to appear. Dr. C. THEODORE WILLIAMS is unquestionably correct when he says that no one condition of climate assigns immunity from the disease, or any approach to it. (*Pulmonary Consumption*, p. 302.) This writer calls attention to the fact that most cases of phthisis are derived from one of two quite diverse causes, to wit, inflammatory affections of the lungs, or else from septic influences. These varieties of the disease demand corresponding varieties of climate.

The equable, moist, moderately stimulating atmosphere of healthy marine localities in the warm latitudes are suited to cases of consumption of inflammatory origin, as are also the calm inland climates of the upper Nile, Pisa, etc.

For consumption originating in septic influences, as where of a scrofulous character, a climate of great purity and dryness is indicated, such as is best found at considerable heights above the sea level. Such can be found on the elevated plateaux of the Andes, the Mexican Cordilleras, and New Mexico.

The custom prevalent with us of sending consumptive patients to dry inland localities, of no great elevation, as Minnesota, about St. Paul, and parts of Canada, does not meet with favor with Dr. WILLIAMS, in view of the evidence he has collected. (*Ibid*, *p.* 307.)

In the last volume of the *Transactions of the American Medical Association*, in a report on the climatology and epidemics of Minnesota, by Dr. HAWLEY, inquiry is made into the effects of the climate of that State, with special reference to its sanitary action in consumption. When this disease is developed, that is to say, has reached the stage of soften-

ing and partial expulsion of tubercles, the end, according to the report of the majority of physicians of the State, is hastened in by far the greater number of cases by the climate of Minnesota. In incipient disease the effect of the climate is favorable, by acting as a stimulus, and aiding digestion and the assimilation of food for its conversion into good blood. Dr. SWEENEY, of Red Wing, gives his opinion, as the result of twenty-one years' experience in the State, that 90 per cent. of cases in which the diagnosis of consumption is certain, will die of the disease within two years. From the reports received, we learn that 52 cases of the disease originated in Minnesota, of which 35 were of known predisposition. Dr. SINKLER, of St. Cloud, states that out of 30 cases examined, 20 per cent. originated in the State, and all of them with predisposition.

The same subject is discussed by Dr. HATCH of Sacramento, in the report on the climatology of California in the same volume. He mentions different districts which are represented to be well adapted to be the residences of invalids with weak lungs and a tendency to consumption. Preference is given to the mountain ranges at an elevation of more than 7,000 feet above the sea level, in the summer season, and there are spots at which even in the winter invalids might remain with advantage. For a winter's stay, selection will be made of some of the valleys in the extreme southern portion of the State, and especially in San Diego and San Barbara. Consumption is a common disease both in San Francisco and Sacramento.

There is an absence in both these reports of a distinction between inflammatory and septic cases of phthisis; and as is justly remarked by Dr. HEWITT, of Minnesota, the States are too young, too recently populated, to form a just opinion on their merits. He candidly says, that among practitioners in the State, as to the influence of the climate of the State upon strumous diathesis, and upon incipient and developed phthisis pulmonalis, the reports received indicate much apparent difference of opinion. All admit that the peculiar influence of the climate is a stimulating one; that it quickens the circulation and improves the quality of the blood, when there is organic power enough to carry on the process; and that it does this by improving digestion and assimilation of food. All agree, too, that chronic affections of the mucous air passages are very frequent.

It is contrary to every sound principle, therefore, to expect that the dry, stimulating climate of Minnesota will benefit phthisis where local irritability is a marked symptom. Dr. HEWITT's reasoning is to the effect that in the incipient disease the effect of the climate, if favorable, is to be found in the aid which it affords the system, enabling it to arrest the progress of the disease. A reason for believing this to be the true solution of the question of influence he finds in the fact that persons in this stage, supposed cured, after residence there, on returning to their homes, *very frequently* redevelop the disease, rapidly decline and die.

This may be correct. It is clear, however, that before much is accomplished in the direction of climatology for consumptives, the disease itself must be studied more closely with that object in view, and the necessary distinction drawn between its varieties.

Notes and Comments.

An Annual Exhibition for the Philadelphia Meeting of the American Medical Association.

The undersigned, Chairman and Secretary of the Committee of Arrangements of the American Medical Association, have been authorized to invite attention to the project of an exhibition of objects interesting to the medical profession, to be held in Philadelphia during the next session of the Association. This exhibition has been suggested as a desirable amplification of what has been customary on these occasions; and is expected to resemble, more or less, the displays of this kind

which are prominent features of the annual meetings of the British Medical Association.

The aim of the committee will be, in this attempt, to provide for the practical and scientific entertainment of the members of the Association. Their design is to form a collection of instruments, apparatus, specimens, preparations, models, drawings, plates, books, and all other proper objects that may be obtained or presented in good time for the purpose; and so to arrange it for exhibition as to bring it under the convenient observation of every delegate and professional visitor. They hope, in this manner, without any sacrifice of the usual regard for their guests, to give to the arrangements as much of a professional character as may be in their power. Their desire is to aid in advancing the practical interests of the Association, by affording, through an always useful channel, some more direct means, as well as signs, of technical and scientific progress, as an attractive addition to the ordinary routine of written and verbal communications and discussions.

No mere display of local wealth and variety of means and appliances, or of individual superiority, will be encouraged beyond what is entirely incidental to the general purpose; nor will there be any attempt on the part of the committee to present representative or historical collections, although such collections may be cordially welcomed. Competition and completeness, therefore, are not to be expected. No special reports or comparative statements need be looked for; nor will the committee be responsible for the merits or demerits of the several objects exhibited, although obliged to exercise control as to admission and location. Novelty, recentness, and practical character will necessarily have weight in determining precedence; but not at the expense of whatever may be deemed especially characteristic or interesting, whether old or new. In a word, under their limitation of time, space, and means, they cannot undertake a general exposition or an industrial fair. Further and more specific details will be published as soon as practicable.

The committee confidently hope for encouragement and assistance, in an early practical response from their professional brethren, and others who may have objects of interest to offer. They are bound to remind all concerned, however, that the contemplated collection must of necessity be, as much as practicable, select and charcteristic rather than varied and extensive. It ought to be comprehensive, but can hardly be very full.

EDWARD HARTSHORNE,
D. MURRAY CHESTON.

They cannot promise much success in a first experiment—undertaken at unavoidably short notice—beyound that of the pioneer in preparing the way for something better in the future, in the light of experience, and with more time and opportunity for concerted action. The original intention was not to venture beyond Philadelphia and the neighboring cities in search for material—a restriction which seemed to be required by the limited space at the disposal of the committee, and the consequently greater difficulty of selection from the larger number of objects likely to be offered in answer to a general call. Nor was it doubted that a notification of the contemplated arrangement, to the societies and schools represented in the Association, would obtain sufficient attention to secure at least one object of the committee in encouraging a general desire to develop and produce the largest amount of illustration, as well as evidence, of professional improvement. Further consideration, however, has led to the present announcement; so that exhibitors from more distant parts of the country may have an opportunity to send their contributions—mainly for the benefit, however, of the members of the Association, for whose especial information and entertainment the exhibition is to be prepared.

Sugar Determination in Urine.

Professor SEEGEN read a paper before the Medical Society of Vienna, on "Sugar Determination," in which he first detailed the importance to the physician of proving the presence of sugar in urine, and then dwelt upon the contradictory results of existing methods of analysis, especially in regard to the presence of sugar in many physiological conditions, as for instance, during pregnancy and during the period of suckling, after inhalation of chloroform and ether, etc. The author was thereby induced to test all existing methods, and he arrived at the following results:

We have no reagent to prove minute traces of sugar dissolved in urine beyond doubt, and to the exclusion of other analogous substances.

All statements as to the presence of minute quantities of sugar in many physiological and

pathological conditions must be received with caution.

Normal urine does not contain it in sufficiently large quantities to allow of its determination.

Normal urine contains minute quantities of reducing substances, but whether they consist of sugar, partially or wholly, cannot be determined with our known tests.

Albuminous Urine and a New Reagent.—The precipitate obtained by heating urine with nitric acid is carefully washed to remove the last traces of urine, and it is then redissolved in a little potash, a few drops of Fehling's copper solution added; a fine violet coloration is instantly produced, especially with a strong solution; the reaction is very characteristic, and readily shows one per cent. of albumen.

Local Application of Sulphuric Acid in the Treatment of Diseased Bone.

In a communication to the *Lancet*, Dr. JOHN ROSS states that he has lately successfully treated two cases on the above method, as recommended by Mr. POLLOCK. In one of the cases, that of a railway guard, whose leg had been amputated below the knee at the Chesterfield Hospital, and where sloughing of the stump by exposure of the tibia followed, a lotion was applied composed of equal parts of sulphuric acid and water, and in a very few days the piece of bone was easily removed by gentle force. In the case of the second patient, who was admitted to hospital with a severe compound comminuted fracture of the tibia and fibula, and much contusion of the soft parts, and where, notwithstanding the great care taken of his case, exposure of the tibia took place, sulphuric acid lotion was employed for three weeks, at the expiration of which time the bone became detached, and was easily removed.

An Outrageous Case.

The *Delaware Tribune*, published at Wilmington, is responsible for the following: If the facts are as stated, the man first applied to is unworthy of the name of physician, and should be disowned and exposed by the profession. The case occurred in Sussex county, Delaware. We hope, and believe, that it is not as bad as represented, for we cannot conceive that a physician could be guilty of such an outrage. We shall be happy to publish a contradiction:

Last Saturday night (Dec. 30th), the wife of a gentleman, residing near Delmar, Sussex county, was confined, and a prominent physician of Laurel was sent for, he having been previously engaged for the duty. He now, however, declined to go unless the fee was paid in advance. Another physician was next summoned, but he was sick, and unable to turn out in the storm, and a third being applied to positively refused to go.

In this dilemma, the money was obtained and tendered to the first physician, but he now excused himself, and declined to leave his domicil, where he was snugly quartered, and go to the relief of the suffering woman. As a last resort, a physician was sent for from Delmar, who went, but the lateness of the hour at which he was called in rendered it impossible for him to afford proper relief, and the woman died—died, we re told, in the most excruciating torture. He gave it as his professional opinion, however, that, had medical assistance been rendered at first, the woman would have safely survived her maternal peril.

Compulsory Vaccination.

GOV. GEARY, of Pennsylvania, recommends in his annual message that some steps shall be taken to force the community to be vaccinated. After citing various opinions as to the utility of the measure he adds: "The necessity, therefore, for a *compulsory vaccination law* and its utility is also demonstrated by unanswerable statistics, contained in the report of the port physician, herewith submitted." Such a law, if it could be enforced, would be a blessing to the Commonwealth.

——We are making preparation for issuing, as early as possible, J. M. TONER'S MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES. Circulars are being sent to over 50,000 physicians—every physician whose name can be obtained—asking for information. It is to be hoped that these circulars will be promptly responded to, and that all will render aid in perfecting this important work.

Influence of Marriage on the Duration of Life.

M. BERTILLON lately read before the Academy of Medicine a paper on the relative influence of marrrage and celibacy, based on statistical returns derived from France, Belgium, and Holland. In France, taking the ten years 1857-66, he found that in 1,000 persons aged from 25 to 30, 4 deaths occurred in

the married, 10.4 in the unmarried, and 22 in widowers; in females at the same age, the mortality among the married and unmarried was the same—9 per 1,000, while in widows it was 17. In persons aged from 30 to 35, the mortality among men was, for the married, 11 per 1,000, for the unmarried, 5, and for widowers, 19 per 1,000; among women, for the married, 5, for the unmarried, 10, and for widows, 15 per 1,000. There appears to be a general agreement of these results of marriage in Belgium and Holland, as well as in France and Paris.

Liberal.

We understand that the committee making collections in this city for the physicians who suffered by the fire in Chicago, received from Mr. J. H. GEMRIG, surgical instrument maker, of this city, *six pocket instrument cases.*

Small-pox Communicated by a Physician.

The Pittsburgh *Volksblatt* asserts that a fatal case of small-pox in that city was traced to the physician, who at the time was treating other cases.

Scurvy Grass.

Herba Cochleariæ. Cochlearia officinalis, Linn. *Scurvy Grass.*

The fresh herb, on being rubbed, developes a pungent, volatile smell, resembling mustard oil; the dried herb has entirely lost its pungency. The fresh, blooming herb yields not more than from 0 02 to 0.05 per cent. of an essential oil ($C_{12}H_{10}S_2O_2$, Geissler); this is not ready-formed in the plant, but is produced by the action of a substance similar to, perhaps identical with, myrosine of the mustard seed. The activity of this substance is destroyed by drying the plant; dried scurvy grass treated with myrosine yields the essential oil, but not by itself. This oil forms with ammonia, like mustard oil, a crystalline base. The officinal spiritus cochleariæ sometimes deposits crystalline needles of the composition $C_{12}H_{44}O_4$, often also sulphur crystals. The spirit was first used as an anti-scorbutic by Weir, as far back as 1557.

Extraordinary Remedy for Small-pox.

They do some queer things down in Delaware. A physician writes to the *Delawarean* of December 23, as follows:

A child seven years old, unprotected by vaccination, took the disease. I commenced the treatment by giving a mild cathartic, and after the bowels were gently moved, I dissolved three grains of fresh vaccine crust in three ounces of water and gave one drachm at a dose every two hours. I continued this remedy for five days. The eruption made its appearance on the fourth day, but instead of going through the regular stages of maturation and decline, the pocks commenced drying up on the seventh day. The pocks were few in number and she had no untoward symptom during the whole course of the disease. Her appetite remained good, and she was not confined to her bed more than half the time of her sickness. Had I commenced the treatment forty-eight hours before the child was seized with the eruptive fever, I have no doubt that there would not have been any eruption at all. The crust should be fresh and from the arm of a healthy person, and should be mixed every twenty-four or forty-eight hours at most.

To balance this, a physician in Syracuse, N. Y., writes us that he found one of his patients taking "dog-oil" for consumption!

Correspondence.

DOMESTIC.

Death from Cardiac Lesion.

EDS. MED. AND SURG. REPORTER:

On the morning of Dec. 1st I was called in great haste to see L. H., and on arriving at the house found him dead. He had been a few rods from the house for a pail of water, and on returning sat his pail down, or rather raised it to the sink, and upon turning around, exclaimed, "Oh!" and sank to the floor. *Post-mortem* examination revealed the following diseased condition of the heart. The left ventricle was extremely hypertrophied, the walls measuring from an inch to an inch and a quarter in thickness; while the semilunar valves of the aortic orifice were entirely obliterated and their place supplied by a circular ossific deposit entirely occluding the passage of fluid from the aortic side.

Through the centre of this disk was a small linear and somewhat serrated opening, about four lines in length. The lips of this opening were thoroughly coapted, and only by pressure with the flat end of a probe on the aortic side could an entrance be effected. Pressure from the ventricular side revealed an opening not exceeding a line in width. No doubt the enlargement was a case of ventro-hypertrophy. The ventricle, being called upon for more muscular power than it naturally possessed, by a wise provision of nature

gradually increased its muscular fibre as the obstruction became greater at the orifice, until finally, after unusual effort on the part of the patient, the organ ceased to beat from its utter incapacity to force the blood into the aorta, sent to its cavity from the right auricle, and he died from prolonged syncope. We see in this case an illustration of the theory of LAENEC, that valvular disease has but little influence on the health when the muscular condition of the heart remains sound.

This man was physically strong, active and energetic; and excepting occasional attacks of palpitation, after unusual exertion, he made no complaint, and never was sufficiently alarmed to consult a physician. It would have been exceedingly interesting to have watched the progress of this case from its incipient stages, beginning with the slightest obstruction, then permanently patent state of the valves (and this is the *ordinary* result of the valvular disease) and finally the almost occluded opening; but the patient never having applied for medical advice, the character of the heart sounds could only be surmised from its pathological state.

If this patient had sought counsel of an intelligent physician, and been informed of the nature of his disease and the absolute necessity for maintaining perfect composure, or at least of not subjecting the system to any extraordinary exposure, he might have lived for years and eventually died of some other affection. We base this opinion on the belief that the disease had reached its ultima thule, and that no amount of deposit around the circumference or on the ventricular side of the disk could have any further obstructed the flow.

It is also true that if he had fallen into good hands, and an effort been made to lessen the impulse by the administration of powerful arterial sedatives, the tissue of the heart might have become weakened, the efforts of nature frustrated, and the case hastened to a speedy dissolution. STOKES mentions only one or two of extreme ossific deposits, and on page 169 speaks of one "remarkable case" somewhat similar to the above.

Yours truly,
D. W. JONES.

Ellenburgh Center, N. Y., Dec. 30, 1871.

NEWS AND MISCELLANY.

Medical Statistics.

Dr. TONER, of Washington, writes us: I tabulated the actual ages of two thousand cases among physicians, to deduce the average length of life of medical men, what I find to be 58 39 years. Mortality between 21 and 30, 114; 30 and 40, 276; 40 and 50, 287; 50 and 60, 330; 60 and 70. 388; 70 and 80 362; 80 and 90, 207; 90 and 100, 35; over 100, 1. There are 101 medical teaching boards, of all schools, in the United States. In seventy-seven of these, regular or retired men are taught, sixteen of these being schools of Pharmacy; the others are eight Dental Colleges, eight Homœopathic, six Eclectic, and two Botanic. In fifty-two of the regular colleges there were in 1871, 6,018 matriculants, 1,813 M. D.'s, 82 ad eundum, and 18 Honorary degrees conferred.

List of Medical Patents.

List of patents issued from the U. S. Patent Office to American inventors, and each bearing the following dates, furnished for the REPORTER by Cox & Cox, Solicitors of Patents, Washington, D C.:

Inventors for the week ending December 19, 1871.—Medical Compound or Fever and Ague Cure, L. Bodenheimer, Paducah, Kentucky; Medical Compound for Cure of Chills and Fever, J. Brown, Philadelphia, Pa.; Dental Forceps L. G. Haskins, Newport, N. J.; Process for Preparing Gold for Dental Purposes, E G. & L. Kearsing, Spring Valley, N. Y.; Needle Electrode for Electro Surgical Uses, J. Kidder, New York City; Uterine Supporter, A. Lowe, Nashville, Tenn.; Medical Compound of Vegetable Alkaloids, G. W. Scollay, New York City. Trade Marks—Medicine, Holloway & Co., New York City (two trade marks).

Inventors for the week ending December 26, 1871.—Dental Forceps, P. N. Jacobs, Montague, N. J. Reissues—Method of Cooling and Ventilating Rooms, A. S. Lyman, New York city.

Inventors for the week ending January 2, 1872.—Vacuum apparatus for Treating Diseases S. Pasco, Delavan, Wisconsin. Rubbing Apparatus for Medical Purposes, G. H. Taylor, New York city; Medical Compound or Worm Candy, J. C. Wells, Owensville, Kentucky.

Longevity of Circus Actors.

A London paper says: The "artists" of the circus find their profession remarkably healthy, and they are a long-lived race. Joe Wallet, the famous clown in London, is considerably over seventy, and is as lively and active as he was forty years ago. Old Orde, whose outdoor ring is still visible on many a village-green, and who was the instructor of Batty, lived to considerably over ninety, and a short time before his death he was jumping over a tobacco-pipe and an open razor on his bare-backed steed. Batty was a "courier of St. Petersburg" till he was past sixty. Franks, who is now tumbling somersaults and posturing at Hengler's, is considerably over sixty, and as fresh as a daisy, as any one may see by visiting the circus in Argyle street.

Criminal Abortion.

The Medico-Legal Society of New York, at a recent meeting, received a report from the Committee on Criminal Abortion, which recommends a change in the law, so that the crime may be simply a felony without any specified denomination, and providing as a penalty *not less* than four years imprisonment. The report was adopted and a committee of responsible citizens appointed to wait on the Governor and urge the passage of such a law by the legislature. This change would give a judge the opportunity of sentencing such a villain as ROSENZWEIG to Sing Sing for life.

QUERIES AND REPLIES.

Dr. P. J. K., of Pa.—What book would you recommend on the art of prescribing medicine?

REPLY.—*Pereira's Physician's Prescription Book.* $1.25.

Dr. Von M., of Ills.—Will you name in the REPORTER one or more *German*, *English* and *French* journals, the arrangement of which are similar to that of the REPORTER; papers that contain articles on the *different* branches of our art and at the same time *valuable* contributions?

REPLY.—We will before long devote space to a review of a number of foreign journals, and thus give you a more complete reply than we can here do.

Prices.

Dr. C. B., of Miss.—The information about the prices of medical books you wish, you will find at length in the *Physician's Annual.*

Dr. J. M. C., of Fla.—Beasley's *Prescription Book* is the nearest work we know to meet your want. It was noticed in this journal recently.

Binding.

Dr. M. O. H., of Ills.—Single volumes of the REPORTER can be bound by us for $1.00 each.

Small-Pox and Measles.

Messrs. Editors: "What do medical authors say—what is the opinion of medical men in regard to the existence of small-pox and measles, in the same person at the same time?" C. F. C.

REPLY.—They can so occur.

Uterine Polypus.

Messrs. Editors: "I have a case of Intra Uterine Polypus. The patient's age 47; climacteric not passed. She suffers from hemorrhage, and cannot live long in her present condition. Polypus is large—probably as large as a man's fist, extends above the pubes and presses on the perineum. The index finger readily passes into the os and feels it like a child's head presenting. Os is very thin; attachment is high up—probably to the anterior wall. Can it be removed, and ought an attempt to be made to do so now?" A. M. C.

REPLY.—By all means operate promptly.

Dr. G. H. T., Pa.—What "property" do you refer to? There are five "December numbers" of the REPORTER, and several properties advertised in them.

Unreasonable.

There are certain unreasonable people who annoy us with impracticable propositions on all sorts of subjects. *Examples.*—There are two letters now before us, one from a firm at the West saying that if we can furnish books at 25 per cent. discount we may *mail* a certain work and await further orders, *and the pay*—for no money accompanies the order. Again.—A subscriber sends $14 subscription for himself and another physician to the REPORTER and COMPENDIUM, which, at commutation price is all right. But, he adds—"We are both old subscribers, but can't see why we should pay more for your interesting periodicals than a 'new' subscriber, and as I feel liberally inclined, you may send both our 'premiums' in one in the shape of Napheys's Modern Therapeutics, to Dr. ——, and I will borrow it, or wait for mine till another year." We have heretofore explained that canvassing for new subscribers always costs something. Agents' charges are very heavy, and they are too often dishonest and unreliable. In common with publishers all over the world, we offer inducements in the shape of premiums, to new subscribers, to deal directly with us, or those who will interest themselves in getting new subscribers, so that they shall not lose their time in canvassing for us for nothing. These are the cheapest agencies we can employ. We really get no return for our outlay the first year, and look to future subscriptions to pay us. If we could afford to give the REPORTER for $4 we should do so.

Dr. S. S. Y., O.—The price of the REPORTER *in advance strictly*, and the POCKET RECORD, is $6.

Dr. T. M. H., Conn.—Nothing can be plainer than our published prices. The POCKET RECORD for seventy patients a week is $2, for thirty-five patients a week, $1.50. When taken with the REPORTER, and the latter is paid for *strictly in advance*, the prices are $6 and $6.50 respectively, or with the COMPENDIUM $4 and $4.50, and REPORTER, COMPENDIUM, and POCKET RECORD together, $8 and $8.50 for the respective sizes.

OBITUARY.

HENRY D. BULKLEY, M. D.

The announcement of the death of this gentleman, so long and honorably connected with the medical profession of New York, will be received with regret by many. Dr. BULKLEY was born in New Haven, Conn., April 20, 1808. On the maternal side he was a descendant of John Prescott, who came to Watertown and Boston in 1640. His mother was a niece of Mrs. Roger Sherman, of Conn., whose husband was the famous signer of the Declaration of Independence. He graduated at Yale College, in the Class of 1821, commenced the study of medicine, and received his degree of M. D. from the Medical Department of Yale in 1829. Since 1848 he has been one of the physicians of the New York Hospital, the oldest institution of its kind in the city, and in 1869-70 was President of the New York Academy of Medicine. He died in that city on the 4th inst., of pneumonia, after a short illness.

MARRIAGES.

BIGELOW—SMITH. In Newburyport, Mass., Jan. 9th, by Rev. Mr. Campbell, assisted by Rev. Dr. Spaulding, Dr. A. T. Pigelow, of Clinton, and Miss Hattie E., only daughter of Capt. C. T. Smith.

TRENCHARD—BOOTH. On December 6th, 1871, at the residence of Wm. L. Peiper, Esq., Lancaster, Pa., by Rev. Dr. E. Greenwald, Dr. John F. Trenchard, of Philadelphia, and Mary A. Booth, of Richmond, Va.

BIRTH.

GARRISON.—December 21st, 1871, at DeWitt, Arkansas, Amora, daughter of Dr. J. B., and Guinare Garrison.

DEATHS.

BURTON.—In Mobile, Ala., of consumption, December 24th, Dr. E. W. Burton, of Wilmington, Del., in the 38th year of his age.

COWDRICH.—In Frenchtown, N. J., December 31st 1871, Dr. C. R. Cowdrich, in the 39th year of his age.

DALE.—January 7th, Dr. Thomas F. Dale, of Alleghany City, aged 64 years.

Dr. Dale was born in Wilmington, Delaware, in the year 1808. He was a graduate of the University of Pennsylvania, in Philadelphia, and while in attendance at the University was an office pupil of the celebrated Dr. Chapman. He moved to Pittsburg in the year 1829, since which time he has been in active practice except three years. He was a prominent physician and for many years took an active part in politics holding positions of trust and responsibility.

MERRITT.—On Friday, January 5th, suddenly, at New Castle, Del., John Merritt, M. D.

PAGE.—January 10, 1872, at San Francisco, Cal., Dr. Thomas S. Page, formerly of Valparaiso, Chili, S. A.

PERKINS.—Recently, at his residence in Castleton, Vt., Dr. Joseph Perkins. He was for many years President of the Castleton Medical College, and a lecturer in the medical department of the University of Vermont, at Burlington.

RUSSEL.—Recently, Dr. Joseph W. Russel, of Stoddard, N. H., aged 26 years. He graduated at Hanover Medical School in 1870.

THE

MEDICAL AND SURGICAL REPORTER.

No. 778.] PHILADELPHIA, JANUARY 27, 1872. [Vol. XXVI.—No. 4.

ORIGINAL DEPARTMENT.

ULCERATION OF THE OS AND CERVIX UTERI.

By T. Curtis Smith,

Of Middleport, Ohio.

(*Continued from p.* 51.)

Erosion.

Erosion or simple excoriation of the neck and orifice of the uterus is met with every now and then, but I have not seen it as often as the granular form. In this form the mucous membrane is simply deprived of its epithellum, which may be very small in extent or spread over considerable surface; thus it may involve one lip, forming a crescent-shaped excoriation, or it may involve both lips, forming a circle around the orifice. It is "distinguished,* by its lively red color and its velvet-like surface, from the neighboring rosy and smooth parts."

This form of the disease is very often caused by irritating discharges from the uterus, and is very liable to accompany "acute or chronic uterine catarrhal inflammation of the mucous membrane of the neck and of the vagina." It may also be produced by mechanical causes, such as have been named as being the exciting cause for commencing granular ulceration. It is more apt to occur when, from congestion or inflammatory action of the mucous membrane, the epithelial layer is less strongly adherent than in a healthy state.

An *aphthous* form of erosion, as also a *herpetic* form, may arise from constitutional derangements. These conditions are produced by digestive or systemic derangements, that produce similar affections of the mouth and throat. Scanzoni favors this view and gives cases in illustration of the truth of it.†

This form of ulceration of itself would not be of very great practical importance if it never led to a more serious phase of the disease. But unfortunately this is often the case, and what has begun in a simple excoriation of the mucous membrane of the cervix or lips of the os, "almost‡ always degenerates into deep ulcerations of long duration, which at last injure the entire organism, wherefore it is the duty of the physician to give them all his attention, and to seek in season to cure them." This is but a reiteration of the view set forth while speaking of the granular form of ulceration in former pages.

The *diagnosis* is generally easy. There is an absence of all the characteristics of the granular ulcer, except the color and velvety appearance. There is but a simple erosion. This may sometimes, when observed, be covered by an aphthous, herpetic, or even a diphtheritic tunic or eruption, which is easily removed, when the true character of the affection will be made out.

The *prognosis*, under proper treatment, is nearly always favorable, but complete recovery may require several weeks or months. The duration will depend very much on the real cause of the disease, and the facility with which it may be removed.

In the treatment, all derangements of the system should be removed as far as possible, for which such general medication must be adopted for each case as in the judgment of the physician seems proper. Local causes should also receive attention; locally, strict cleanliness must be secured, which can best be done by large injections of warm water, say one or two gallons, passed through a David-

*Scanzoni.

†Dis. Females, pp. 216-17.

‡Loc. cit.

son's syringe into the vagina, two or three times a day; local blood-letting can be practiced with advantage if there is much hyperemia of the mucous membrane, and the patient is not already anemic; otherwise it would be of little, if any, value.

In this form of the affection a few have highly recommended the application of caustics in full strength, but this to me seems too heroic. An application of a solution of argenti nitras, of ℈j. to ℈ij. to the ounce of water, made through a speculum; or a solution of zinci sulphas, grs. vj. to ℥j., or cupri sulp., grs. iij. to ℥j., is usually sufficiently strong to effect the desired result. These should be applied every eight to twelve days, but the injections should be continued every day. Mild astringent injections will prove beneficial when indicated by relaxed vaginal mucous-membrane, or free leucorrhea. In many of these cases the suppositories mentioned, while speaking of granular ulceration, will effect a recovery without the topical use of caustics or caustic solutions, but too much dependence should not be placed in these alone.

The patient should enjoy an abundance of free, pure air, passive, or some light, active exercise. The diet should be nourishing, easy of digestion and taken regularly. Confinement to the recumbent position during an entire course of treatment of this affection can, to my mind, hardly be too severely condemned. The reasons for this have been stated elsewhere.

One thing must be remembered in the treatment of this and all other forms of cervical ulceration, *i. e.*, that so long as the cause that produced the ulcer remains, the ulcer cannot be permanently cured. The remote and immediate causes should be hunted out and removed, if possible.

FOLLICULAR ULCERATION.

This is simply an ulceration of the mucous follicles of the cervix, and is similar to the ulceration of the follicles of the mucous membrane in other localities. These follicles are formed on the external and internal surface of the cervix, the mucous membrane on the one hand being continuous with that lining the uterus, and on the other hand with the vaginal mucous membrane. They are lined with epithelium and basement membrane, and contain more or less mucous and granule cells.

This form of ulceration shows different phases at different times. There may at one time be observed small vesicles the size of a millet seed, which are filled with a fluid the consistence of thick mucilage.* At another time they are seen open, or after the vesicles have been ruptured and a simple follicular ulcer is observed in the situation formerly occupied by the vesicle. Afterward the papillæ become, from hyperemia, enlarged, somewhat elevated, and very red. In this condition they may be mistaken for granular ulcers. This form† of ulceration is included by SCANZONI under erosion of the cervix, and it is doubtful whether the two distinct names should be admitted, as the diseases are very similar. The causes of this affection are the same as those causing simple erosion and often granular ulceration.

The prognosis will depend largely on the cause of the disease. If this can be removed or relieved, recovery usually follows under proper management of the case.

In the treatment, during the vesicular stage, the vesicles should be opened and the ulcer penciled with nitrate of silver, or lightly with stronger caustics. But very often a strong solution of the nitrate or of zinci sulp. is sufficient. Hygienic measures as recommended for other forms, and also the suppositories and general constitutional treatment will be found indicated in this.

INFLAMMATORY ULCER.‡

Inflammation of the mucous membrane or parenchymatous substance of the uterus may give rise to a form of ulceration characterized by inflammatory action throughout its course. This is characterized by its destruction of substance, precipitous edges, with more or less induration in most cases. At first there is simply inflammation of an active character, running on to suppuration more or less free.

A solution of continuity occurs during the inflammatory process, which may be slight at first, but as there is but little disposition to spontaneous recovery, it continues to destroy the substance of the cervix, and in time it becomes chronic, when the morbid process is more sluggish. If examined at this stage, the body of the uterus is found more or less enlarged or hypertrophied, and sometimes seems hard and indurated; at others simply congested.

*Thomas.

†After the first stage it is doubtful whether the two can be differentiated.

‡Many think this is the only true form of cervical ulcer.

The edges of the ulcer are now precipitous and of irregular shape; one or both lips may be involved, *i. e.*, one may be quite destroyed while the other is intact, but enlarged, or both may be affected at the same time. The edges of the ulcer are apt to be more or less indurated, and in some instances are undermined during the progress of the disease.

The granulations will appear quite healthy, and do not bleed when mopped clear of pus or muco-pus, as readily as the granular ulcer, unless there be a tendency to the fungus variety developed. It is diagnosed from granular ulcer by its irregular and precipitous edges with slight induration, less tendency to bleed, and more sharp, twinging pains. Thomas* states that "This form of ulcer is very rarely met with, except as the result of direct injury with coexisting parenchymatous congestion or inflammation." I have not usually found it to be traceable to any mechanical injury, but to arise simply as the result of inflammation. Anything that may give rise to active inflammation may stand as a remote cause of this form of ulceration.

The prognosis will depend on the success of measures adopted to remove the inflammation and its causes, if the latter still exist. Topical bleedings will generally be valuable; these should be followed by frequent injections of warm water, and if much pain is experienced a suppository of any effectual anodyne will be valuable. Caustics may be used to excite healthy action by their counter-irritant and alterative effect, and to destroy the indurated edges if they have been undermined, or these edges may be pared off, which answers the double purpose of their removal and of topical bleeding. Caustics should be used more sparingly than in most other forms of the disease. Rest should only be required in those cases where exercise seems to aggravate the disease. Where uterine displacement has been a cause of the affection primarily, or is a cause for its continuance, measures should be adopted to effect replacement to its normal position.

THE SYPHILITIC ULCER.

A few words as to the differentiation of this form, and I am done.

The physician should be very careful in his expression of an opinion with reference to an ulcer suspected to be of this nature, as the patient herself is often innocent of any breach of fidelity, and her character might be readily ruined by a too hasty expression* or a thoughtless word. In a therapeutic point of view, it is of great importance that it should be diagnosed early and treated promptly. Thomas states that "these are the means of diagnosis in cases of chancre:

"Border of ulcer precipitous;

"Surface of ulcer depressed;

"Great tendency to bleed;

"Great tendency to false membranous covering.

"Rapid development of symptoms;

"Early appearances of roseola;

"Transmission by inoculation.

"All of these signs are of value, but the only one upon which a positive opinion could be based is the last."

The secondary manifestations follow more quickly than is usually the case where the lesion is located elsewhere.

This is treated in the same manner as syphilis, when the initial lesion occurs on other portions of the genital organs, mercurials forming the chief reliance in combatting the disease.

N. B.—In the introductory part of this paper I stated that I had not yet seen a case in which the initial lesion of syphilis was primarily located on the cervix uteri. Since that date a case of undoubtedly syphilitic ulcer on the cervix has fallen into my care, all the manifestations pointing unmistakably to its character as being the initial lesion of syphilis. Of phagedenic and cancerous ulceration of the cervix I will not at present treat.

*Dis. Women, p. 281.

*In addition a serious legal question might arise, affecting the virtue of the woman.

AN INTERESTING CASE OF PROTRACTED AND MULTIFORM DISEASE.

By W. C. Coleman, M. D,

Of Latrobe, Pa.

February 26th, 1869, was called to see Miss W., who gave the following history: "Am 20 years of age, and always enjoyed good health until May 15th, 1868, when I was taken sick and had to go to bed. Sent for Dr. E. S. Riggs. When he had examined me he pronounced my disease fever (typhoid), but said it was likely to be very mild. I kept my bed ten days, at the end of which time I began to sit up. During the ten days I was confined

to bed I felt a pain at times in my right knee, and after I got up it began to be more severe and constant. It soon began to swell and grow tender. Dr. RIGGS directed me to apply a 'fly blister' to it, which I did, and by his direction continued to apply them until I had seven different blisters drawn. The relief I received from this was only temporary. Dr. RIGGS went to Philadelphia October last, and I did nothing with my knee until in January 1869, when I visited Dr. MCGIN, of Pittsburg. He directed me to blister again, and gave me a little medicine internally. I remained in the city one week, during which time I applied two blisters, and when I returned home did not find any relief from the blisters and left off."

In addition to the above I learned that she began to menstruate between 13 and 14, and that she had menstruated regularly until she took sick, and since then had been quite irregular; had lost much flesh; had no appetite, and the bowels very much constipated. The glands about the neck had frequently enlarged; the eyes had been sore for some time; had a dry, hacking cough and some soreness in the chest.

After having satisfied myself as to the examination, I concluded I had a case of chronic inflammation of the knee-joint, with general debility and a well marked scofulous diathesis. Treatment:

℞. Ferri. et. quiniæ. cit., ℥ss.
Aquæ bul., f.℥ijss.
Tinct. gentian comp., f.℥ij.
Syr. zingiber, f.℥j M.
Sig.—Teaspoonful three times a day after meals.

I also directed that tincture iodine be applied freely to the knee; ordered laxative diet and a few pil. cath. comp. to be used if needed.

Continued this treatment regularly for two weeks. General health somewhat improved, but little change on the knee, except that she rested better at night. Continued the internal treatment for two weeks more, but substituted steaming for the iodine. Used hot water with onions cut into it, and placed the knee over the water and covered with a woolen blanket. Repeated this two or three times a day, and in the meantime kept flannel cloths around the joint. This gave the first permanent relief to the knee, and at end of two weeks it was very much improved, the swelling having mostly subsided and very little pain or tenderness.

Dr. L. S. CLAGETT, of Penn Station, paid me a visit once, and we saw the patient, and concluded to use a weak solution of ammo. muriate to the knee, and continue the tonic.

The case continued to progress favorably for a few days, when a diarrhea set in, and the patient began to complain of a pain in the hip joint. The diarrhea was not hard to control, but the pain in the hip became more and more severe. At this time gave as a tonic:

℞. Tinct. gentian comp., f.℥iij.
Acid nit. muriat., ℥jss.
Syr. zingiber, ℥j.
Aquæ font., f.℥ijss. M.
Sig.—Teaspoonful before meals.

Continued the ammo. to the knee, and applied large, warm, flaxseed poultices to the hip, and gave ammo. bromide, gr. xv. to xx., to quiet her during the night. Continued this treatment for three weeks, with very good results; knee well, except a little tenderness, and the hip joint so much improved that she was up a portion of the day. But this favorable condition only lasted a few days, when she was obliged to return to bed, the hip having become very painful, the leg and thigh being very much flexed. The flaxseed poultices were resorted to, but did not give the slightest relief, and I determined to use my hypodermic syringe, although the patent always had unpleasant effects from use of opium in any form, when given by the mouth. From ¼ to ½ of a grain morphia sulph., in connection with the poultices, would give relief for twenty-four hours; still the patient suffered more or less from sickness produced by the morphia.

Having concluded that I now had a case of morbus coxarius, on May 4th, 1869, after giving the patient a few inhalations of ether, I extended the leg, and applied a thirty pound weight to it by means of adhesive strips. Having extended the limb fully, I made an issue (with caustic potass.) about one and a-half inches in diameter. Continued the tonic and gave nothing else; and the patient began to improve almost immediately, and continued so up to the 18th, when I started West and left her in care of my partner, Dr. E. FERGUSON. The hip continued to improve, and by May 27th the weight was removed after Dr. F. had reopened the issue. About this time the left hip became very painful, which disappeared by the use of some liniment ordered by Dr. F. During the former part of June

she was up most of each day, but the right hip joint was quite tender. I returned home in the middle of June, and directed her to use crutches, which she did for six weeks, and made very good progress. From the shortening of the limb and the pitching of the pelvis, she was obliged to have the heel of her shoe made two inches high, but more than one-half of this shortening came from inequality in the pelvis.

August 1st, 1869, began to complain of difficulty in urinating. Tested the urine—s. g. 18.22—very acid, and abundant in phosphates; also traces of mucus. As she had left off all medicine when she laid aside her crutches about a week before, I directed her to use soft water, and sometimes add a little soda carb. to it, and gave an alkaline diuretic, composed mostly of potas. acetas. Continued this to August 9th, when she visited me by riding in a buggy three miles. From the symptoms I was led to suspect uterine disease, and on making a vaginal examination found the uterous anti-everted, and resting hard on the bladder. I replaced the uterus and ordered cool astringent injections, to relieve the heat and tenderness of the parts, and prepare for more direct treatment. In addition to the diuretic already ordered, and which she had been using, I gave uva ursi tea, with a little soda sal carb. added to each dose.

Under this treatment she gradually improved up to Sep. 26th, when I was called to see her for a pain in left hip; the symptoms of acute inflammation being well marked. I extended the limb (which was flexed considerably) and attached about twenty pounds to the leg; left off the tea and added a little spts. nit. ether and tinc. digitalis to my diuretic mixture. At end of two weeks the hip was free from pain and had little tenderness, and, with use of crutches for three weeks, the latter entirely disappeared and the urinary difficulty was very much improved. But a more serious trouble appeared to be developing, which in a few days proved to be pelvic cellulitis. Had the diuretic renewed, and ordered warm injections of weak flaxseed tea.

While making a vaginal examination I ruptured an abscess which pointed into vagina. This gave temporary relief; but, in a few days, was called, and the patient felt sure there was another abscess formed. I again examined, and found it pointing into vagina to the right of the os uteri. By firm and steady pressure for a moment I had the pleasure of feeling the warm pus discharge, and in a few minutes the pain had greatly diminished. A few days afterward a small abscess opened while she was using the warm injection.

The symptoms all became favorable after this, and I had strong hopes that I could discharge her soon; but no sooner had all the pelvic organs got well than symptoms of trouble in another part of the body began to show themselves, and on November 13 I was called to see my patient, who was suffering with pain in the left elbow (I began to think that, perhaps, after we would get around all the limbs, and most of the internal organs, we might have a brief intermission); and, finding acute inflammation of the joint, directed flannel cloths, using hot vinegar and cayenne pepper; gave internally:

℞. Potass. acetas., ℥v.
Vini colchi, r., f.℥ss.
Aquæ, f.℥iiss.
Syr. sim., f.℥j. M.
Sig.—Teaspoonful four times a day.

Having given the vinegar and pepper a fair trial and but little benefit being received, determined to extend the forearm and try an issue, which I did, and with very good results.

December 1st, 1869. The elbow about well, but a new point is assailed. The left ovary became so painful that I was sent for on Dec. 15th, 1869 Found the patient in bed and suffering very much, and there was great tenderness over the affected organ. Gave the ammo. bromide in syr. and mucilage, gr.xx. to the f.℥j., and applied mustard to the surface. Continued for a few days and acute symptoms subsided, when I gave fluid extract phytolacca gtt.iij. to x. three times a day, one hour after meals, and externally ung. iodine. No relief after ten days' trial, and on January 7th examined uterus by the speculum. There being slight prolapsus and fundus forced to the right side, I had some difficulty in making a satisfactory examination with my cylindrical speculum. Found congestion and abrasion of os. Treatment, depletion by puncturing, followed with cool injections. The uterus improved rapidly under this treatment, but the ovary stood still and continued to give more or less pain. For two months the treatment was continued. The abrasion cured at end of six weeks, but still some slight congestion and prolapsus. During this time the patient could not lie well on her back, and not at all on her right side.

March 11, 1870. Dr. RIGGS called in consultation. Diagnosis, an ovarian tumor, but the class or kind we could not determine. Gave

℞. Potass. iodid., ʒij.
Aquæ. bul.,
Syr. zingiber, aa. fʒj.
Syr. simp., fʒij. M.
Sig.—Teaspoonful three times a day two hours after meals, and continue the ung. iodine.

We were obliged to discontinue the internal medicine, the stomach becoming deranged—and substituted the bitter and acid tonic formerly used. The symptoms continued unchanged up to April 1st, when pain began to appear in left hip, and on the 4th Dr. RIGGS and I met again and found acute inflammation of hip joint. Counter-irritation by an issue and extension was adopted and immediately put into effect. Twenty-five pounds were attached to the leg and an issue made over the joint with potass. Kept the limb extended for eighteen days when the pain had gone, and after using the crutches three weeks all tenderness had disappeared, and there has been no return of pain in either hip since.

Left off tonic and resumed the phytolacca. Continued this a short time, only until I was obliged to suspend it and give a diuretic for a few days, and as she now appeared to be about as comfortable, as could be expected, considering the inconvenience the enlarged ovary gave, although it grew but very slowly, I left off treatment of all kinds.

June 8th, 1870, found the left mammary gland enlarged and very painful. Gave

℞ Ferri sulph.,
Quiniæ sulph., aa gr j
Anti. et. potass. tart. gr. 1–10.
Opii pulv., gr. ½ M.
Fiat.—pil No. 1—one three times a day, and applied tinc. iodine to the gland.

Better in a week and about well in ten days; continued the pills for three weeks, when the patient desired to stop all medicine, which I agreed to.

July 23d, 1870, the patient was very much astonished by the unusual amount of urine—having voided about 9 pints in 24 hours of very clear and oderless urine, s. p. 10 01. This continued regularly from day to day, averaging from 6 to 8 pints in 24 hours until the last of September, and there being no unusual thirst, dry suppers and no drink of any kind during the evening or night. Laxative diet, and occasionally a comp. cath pill, constituted the treatment.

During this time a few small calculi were passed at two different times, and the patient became very feeble, but still could be up most of the day. The flow of urine did not appear to affect the tumor in any way, and its growth continued very slow. As soon as the urine decreased, the pain in the back became more severe and finally got so acute that she could not lie at all. Applied

℞. Tinc. iodine, fʒiss.
Ol. tigli, fʒj

and obtained a full eruption of postules; directed poultices of bread and milk, and gave chloral hydrate gr. xv. every evening. She soon enjoyed full nights' sleep.

A change was expected and as usual came. The urine scanty and passed with difficulty, having often to wait half an hour or more before any relief, and frequently only a few drachms passed after waiting. At different times small calculi, composed mostly of lime, were passed. Soft water, alkalies, acids, teas and tonics all failed, and as all the symptoms indicated stone, on December 14th, 1870, carefully sounded the bladder, but found no stone. The posterior wall was very rough and corrugated and extremely sensitive. Having dilated the urethra, I directed injections of warm flaxseed tea to be thrown into the bladder, and gave

℞. Fl. ext. belladonnæ, fʒj.
Aquæ cinnamo., fʒss.
Syr. zingiber, fʒiss.
Fl. ext. taraxaci, fʒij.
Sig.—Teaspoonful 4 times a day. M.

I was not a little rejoiced when I next heard from her that she was much better, and when I visited her a few days after, I found her entirely free from pain in the bladder and having but little difficulty with the urine. By continuing the treatment for a short time the cure was complete.

From this to the 24th of February, 1871, she got along quite comfortably (except the inconvenience of the tumor), when I was called to see her, and found her suffering with congestion of kidneys. Applied hot salt to the back, and gave a mild diuretic, and, by continuing this treatment for a day or two, the leading symptoms were relieved. Continued internal medicine a short time, and the cure was perfect—at least there has been no return since.

Now came a new trouble, viz.: pruritus vulvæ, for which I gave various washes—soda subcarb., soda sulphite, cider vinegar,

etc., with ung. zinci and ung. spermaceti, and then the two combined. I finally hit on two simple things—cold, sour buttermilk as a wash, and, internally, elix. ferri pyrophos.

℞. Glycerine, ℥j
Acid tannic., gr xx. M.
Sig.—Apply after washing with buttermilk.

This gave almost immediate relief, and it was not long until she was entirely relieved.

At times, for the last seven months, the patient described a sensation that gave great desire to pass something from the uterus, and sometimes was fearful that something might come from her suddenly and destroy life.

On the 3d of April, 1871, a discharge from the uterus began—and was very profuse for one week—of a dark, unhealthy color, and a very offensive odor. This ceased on the 10th of April, and returned on the 20th, and was more profuse than before. After continuing for two weeks, the discharge became bloody, and the solid parts were not diminished. Warm injections were used to keep the discharge free. The bloody discharge continued two weeks, and the solid particles continued for one week more, making in all five weeks.

After the discharge ceased, the great quantity of urine returned. She continued to void about a gallon in 24 hours for a week, and now, June 1st, 1871, she is complaining of incontinency of urine. I have directed a renewal of fl. ext. belladonna, etc., and injections of flaxseed tea (weak) into the bladder. Since the discharge from the uterus the tumor is much smaller, but the pain in the back continues the same as before, and during the discharge she complained very much of pain in front and inner part of left thigh, which is not relieved since the cessation of the discharge. During the five weeks the uterus was throwing off this production I collected four different specimens of it. The first was examined by Dr. E. FERGUSON and myself, and being unable to satisfy ourselves as to the nature of it, I determined to send the next to my gentlemanly friend, Dr. J. C. SNIVELY, of Brooklyn, N. Y., for examination, and I here give the result of the examination by himself and others:

JUNE 26. 1871.

DR. COLEMAN—*Dear Sir:* I examined the two specimens of urine and also the vaginal discharge, and then referred them to others more expert than myself in the use of the microscope, viz.:

Dr. SEGUR, of Brooklyn, and Dr. E. S. DUNSTER, Professor of diseases of women, in L. I. C. hospital.

There is nothing in the urine abnormal, and as to the vaginal discharge, I cannot do better than quote Dr. DUNSTER'S report, as our united judgement.

"The pieces of the specimen are all alike, and consist exclusively of large flakes of pavement epithelium exfoliated from the vagina. They have no connection with the uterus, nor with the abcess from cellulitis to which you refer, unless the latter may have set up a subinflammatory condition of the vagina inducing the exfoliation."

Very truly yours,
J. C. SNIVELY.

The symptoms of incontinency of urine soon subsided by use of the belladonna.

On the 14th inst. called and found her suffering much pain in left side and extending down front of the left thigh, accompanied with "bearing down pains," and a sensation as though something must pass from the uterus. That evening a discharge of pure blood came, in every way resembling the menses—and the 15th there was a mixture of blood and solid material. This continued for three days, since which time there have been a few shreds of membrane similar to those sent to Dr. SNIVELY. The patient, since the 21st, has been taking

℞. Tinct. gentian, f.℥iij.
Acid nit. muriat, f.℥j.
Syr. zingiber, f.℥j.
Aquæ font, f℥jss. M.
Sig.—Teaspoonful before meals.

And for some time previous, and at present, is using chloral hydrate in doses from gr. v to xx, to relieve pain and produce sleep.

The discharge of June 15th contains very little of the membrane, so far as I have been able to detect, and I send a specimen with this to editors of the REPORTER; also one to Dr. SNIVELY, and will continue the examination myself.

[Having submitted the specimen to that able microscopist, Dr. J. G. RICHARDSON, the editors of the REPORTER received from him the following communication:]

PHILADELPHIA, July 29, 1871,
No. 1620 Chestnut Street.

EDS. MED. AND SURG. REPORTER:

From prolonged maceration in alcohol the specimens forwarded by Dr. COLEMAN have become very granular, and considerable alteration appears to have occurred in the component cellular elements.

Portions cut from one of the lighter colored masses, stated to have been passed in April, are seen under a power of 200 to be composed

of pavement epithelium desquamated in layers from the vagina. Further amplifications disclose no pus or red blood corpuscles, mycelial threads, nor well defined specimens of the same.

Thin sutures of the reddish substance exhibit numerous granular (but probably not fatty) round and oval cells, varying from 1-3000 to 1-2000 of an inch in diameter (occasionally furnished with nuclei about 1-4500 of an inch across) and seemingly held together by a very small amount of delicate struma not clearly displaying, when penciled out, any large alveoli. One small area of this reddish material appeared to be covered with uterine epithelium, the outer layer of which presented the aspect of having possessed cilia, but so great were the changes already referred to that even with a power of 2,300 diameters, I could not be sure either that such was the fact, or that the germinal-tissue-like structure was attached to and had existed in contact with the uterine mucous membrane during life.

As you will see by reference to my Handbook of Medical Microscopy, p. 305, I do not consider that any microscopist would be authorized to express a positive opinion in regard to diagnosis or treatment without a full knowledge of the history, general symptoms, etc., of the case.

Very respectfully yours, etc.,

Jos. G. RICHARDSON.

[Under date of November 10, 1871, Dr. COLEMAN continues]:

As the discharge continued, the red material became more and more abundant, and the white less; and at times the red became almost a deep brown, and passed in quite large quantities, in pieces from the size of a large pea to that of an ordinary hickory nut, and had an offensive odor.

The os uteri kept flabby and slightly dilated. The patient continued to use vaginal injections of cold water, and the discharge was maintained to about to July 1, 1871, but at times was very scanty; and, even after this date, there were slight appearances of a return, but these only lasted a few hours. During the time of the discharge the tumor grew gradually less, and after the cessation it required a careful examination to detect and determine its dimensions, and the pain and tenderness had almost entirely disappeared. She complained of more or less pain in the pelvic organs, and at times of incontinence of urine, and the uterus remained somewhat prolapsed; but the great difficulty was wholly of a mental character, which she had been keeping a secret, and she only revealed it to me on promise that I would not make it known, not even to her own mother. The delusion was, *she was fully convinced that she would die soon and very suddenly, and that after death she would be eternally punished.* Prescribed hydrate of chloral, gr. xii. to xv., to be taken every evening, and recommended out door exercise. As I had no liberty to inform her minister, although he visited her frequently, I was obliged to spend much time, when I visited her, in explaining Scripture, and other religious exercises.

On a former occasion, by acting in the double capacity of physician and minister, I had been able to dispel her fears in regard to her future happiness, but this second attack was tenfold worse than the first, and it was only after I had almost given up all hope of success, and had secured her consent to make the matter known, she received comfort and consolation for her spiritual wants. But death still seemed near; and, when assured that she was not in the slightest danger, she replied: "You have now cured my spiritual wants, and you can cure my physical pains and aches, if you will." The way seemed clear now, and I directed the chloral to be gradually withdrawn, and ordered the bitter and acid tonic, which had formerly been used with such good results. The digestion improved, but complained more of the incontinence of urine.

July 24 gave bitter tonic and syrup, combined with fl. ext. taraxacum and fl. ext. belladonna, and, the uterus being still prolapsed, introduced a gutta percha globe pessary, and strongly urged out door exercise and company. Neither the medicine nor the instrument satisfied the mind, and "*die she would,*" unless I did something more, and, to satisfy her mind, I prepared, on July 29:

R.	Tinct. gentian, cit.,	f.℥ij.
	Acid. sulph. aromat.,	f.℥j.
	Syr. zingiber,	f.℥v.
	Aquæ,	f.℥iij. M.

Sig.—Teaspoonful after each meal.

Also directed her to use a seidlitz powder occasionally, and continued to urge out door exercise and more company.

But the mind refused to let the body act or to be diverted by any argument. The loss of sleep from mental anxiety, the confinement and constant sitting, kept the nutrient system much deranged and caused considerable pain in the back and hips; ordered counter irritation and stimulating hip-baths, and continued same medicine up to August 12th. When I visited the patient, found the digestion im-

proved, mind same, and the back more tender and painful; also complained of the urinary trouble; gave ammo. bromide gr. xv. in syr. and water, at bed time, and

℞. Tinct. Iodine, f ℥xiv.
Oleum tiglii, f.℥ij. M.
Sig.—Shake well and apply to back until sore.

August 17th called and found her worse mentally, but digestive organs improved; had slept better, and urine but little troubled, but complained of great pain and tenderness in lower portion of the back, particularly in the coccyx, which could be attributed to a want of exercise and constant sitting. Gave

℞. Ferri et. quiniæ cit., ℥i.
Aquæ bul., f. ℥j.
Alcohol dil.,
Syr. simplic, aa f. ℥ss. M.
Sig.—Teaspoonful three times a day, one hour after meals, and hydrate chlor. instead of ammonia bromide,

and advised consultation; but received "you have cured others and you can cure me if you will."

Finding it impossible to induce her to go visiting, receive company and be cheerful at home, and as the appetite began to fail and the sleep was much disturbed, I concluded to try the virtue of a seton, and accordingly, on the 26th, I introduced a small one, a short distance above the point of tenderness, and gave

℞. Tinct. cardimom, c.,
Aquæ distil., aa.f.℥ss.
Elix. valerian. ammo., f ℥ij.
Syr. zingiber, f.℥j. M.
Sig.—Teaspoonful three times a day after meals.

The seton failed to produce the desired amount of counter irritation, and was removed September 9th, with no apparent improvement.

Since all my efforts to divert the mind had proved futile, and there was no disease except general debility—results of continued suffering, mental anxiety and want of proper exercise latterly—and considerable prolapsus uteri, with complete monomania in regard to my willingness to assist in her recovery, I first resolved to do nothing more; but an intimation of this only went further to confirm the monomania, and I concluded to give:

℞. Tinct. columbo,
Tinct. gentian comp., aaf. ℥ij.
Syr. zingiber, f ℥ss.
Aquæ distil., f. ℥iij. M.
Sig.—Teaspoonful before each meal.

September 13th, by advice, Dr. FERGUSON, of Latrobe, Pa., recommended the *wet pack*, but no advantage has been gained from it.

CASES IN TOXICOLOGY.

By F. K. BAILEY, M. D.,

Of Knoxville, Tenn.

I.—NITRATE OF POTASH.

Many years ago I was called, upon a Sunday morning in July, to visit G. B., aet. about 24; native of North Ireland; strong and healthy, weighing 150 lbs. or more; full, sanguine temperament; red hair, etc. He was a laborer, employed by a respectable farmer one and a half mile from my residence. On my arrival, I found the young man in great distress, and learned the following facts: Not feeling very well when he arose in the morning, and as it was a day of rest, thinking best to improve his time in medication, he asked the lady of the house for a dose of salts. She inquired how much he usually took, and he said "about half a teacupful." Going to the family medicine chest, she took from a paper what she supposed was epsom salts, and dissolved it in a bowl of warm water. This dose he drank down at once, but immediately began to feel terribly sick. Soon after, vomiting occurred, which was followed up until my arrival. On examination of the package from which the salts were taken, it was found that he had taken but little less than four ounces of saltpetre.

When I first saw him, he was suffering intense burning pain in the stomach and abdominal region. The pulse was small and wiry, feet and hands ice cold, but the head exceedingly hot. Nausea, but without vomiting, continued. The stomach appeared to be empty, or nearly so, and the salt, which had not been rejected, probably had passed to the duodenum. I at once gave demulcent drinks, and applied sinapisms to the extremities and the pit of the stomach. Reaction came up in a few hours, when it seemed as if the sufferer was in a furnace. The pulse became full and bounding, the eyes congested, the face red and burning hot, and a raving delirium set in before dark.

At this juncture I opened a vein at the bend of the arm, and allowed the blood to flow from a large orifice, till the pulse yielded. In

a few hours collapse succeeded, and the pulse was scarcely perceptible.

For some time it was thought he must die, but, by giving diffusible stimulants, reaction came up gradually, and a second exacerbation of excitement occurred, nearly equal to the first. A second bleeding was not resorted to, but opiates were freely given, together with castor oil. On Tuesday the bowels began to move freely, and at night collapse recurred to a more fearful degree than before.

He became insensible to surrounding objects, and for some hours nearly pulseless.

Stimulants were given carefully, and the case closely watched. All hopes of his recovery were abandoned till sometime on Wednesday, when reaction returned. From this, convalesence commenced, but it was two or three months before there was a complete restoration to health.

The above is the only case of the kind that has occurred under my notice. TAYLOR, in his work on "Poisons," gives ten cases. The first took ℥j, and died in three hours. There was nausea, vomiting and purging; burning and severe pain at the pit of the stomach; pulse weak and limbs cold. *Post-mortem*: stomach highly inflamed, and membrane detached. The second died in 60 hours, ℥jss, taken; small perforation found in the stomach.

Third--℥jss taken in mistake for salts. Severe pain in the abdomen, with violent vomiting, but no purging. Died in two hours. Bloody mucus in the stomach.

Fourth—Two men took each ℥j of nitre by mistake for sulphate soda. Almost immediately experienced sense of coldness in the spine, trembling of the limbs with vomiting and purging.

Fifth—Caused death in 36 hours.

Sixth—A man of sixty took ʒx, purging and death in five hours.

Seventh—Female of 28, took in two doses, in two days, about ℥j; severe burning in the stomach, violent vomiting after second one. Recovered.

Eighth - GILLARD met with a case where a man recovered after taking ℥ij, mistaken for sal. magnesia. In five minutes had burning pain in the stomach, with nausea. Took mustard and recovered.

Ninth—A man of 30 took twelve doses all at once; amount not stated. Soon collapsed as in cholera. Ultimately recovered, but suffered from derangement of digestion and urinary organs.

Tenth—A woman took ℥j in two cups of water. Immediately vomited, which condition became constant; abdomen swelled; unable to move for a week, and then suffered from purging and griping, and bloody stools. Recovered, but was weak for a long time.

Of the ten cases above cited, six died. In those that recovered, the salt appears to have been thrown from the stomach very soon the smaller doses were more fatal. As in some other more deadly poisons, a large dose is more apt to be rejected, and, consequently, life saved. In my own case, it is probable that most of the whole was at once rejected. The violent symptoms were caused by effects produced upon the nervous centers, rather than those of a local character. The alternate elevation of vitality and sinking proved that view to be correct, as inflammation did not set in to any great extent; were that the case, the case would have been more protracted.

Prof. WM. TULLY says that nit. potash is the purest and perhaps the most powerful antiphlogistic in the *materia medica*. "It produces a determination from the skin to the internal viscera." This will account for the coldness of the extremities and the surface, and the burning heat and pain, after an inordinate dose of the substance in question.

II.—OIL OF CEDAR.

In the winter of 1839 and 1840 the following case came under my notice and care. Miss C., a strong, healthy girl, bilious nervous temperament, æt. 15 years. About to retire for the night she went to the pantry, and, taking down a vial containing the oil of cedar, said in the hearing of her mother, "They say we must take a drop for every year, and I will add one extra," making sixteen drops in all. On swallowing the dose she stepped out and fell prostrate upon the kitchen floor, as if dead. I was immediately sent for, a quarter of a mile distant, and on my arrival she was still lying upon the floor in a state of clonic spasms; not a muscle moved.

She was at once placed in bed and I immediately proceeded to administer a quantity of castor oil. The jaws being firmly closed it was necessary to force them open by means of a strong tablespoon placed between the teeth, and the oil was poured into it so that

it might run down the throat slowly. In a few minutes vomiting occurred, when the offensive substance was rejected, filling the room with its odor. Upon this the clonic spasm yielded, and epileptiform convulsions followed, which continued at short intervals for some hours. For nearly a month the young lady continued in a condition like that of irritative fever, and for six months she suffered from a bronchial cough.

The stomach was in a week, irritable state for a long time, and perfect health was not restored for more than a year. The object in taking the oil, I did not ascertain, but it might have been from some fancied notion that it was good for menstrual irregularities. The essential oils are seldom used in such quantities as to cause poisonous effects, unless by accident, or in attempts to produce abortion.

There was no reason to suspect the latter motive in this case, and it was taken in ignorance of its effect in such a quantity. The variety was the white cedar—cupressus thyoides.

This girl married at twenty, and died in her first confinement from placenta prævia.

More frequent mention appears to be made of the oil of red cedar—juniperus virginiana—both as medicine, as well as poison, by the writers. Both are acrid poisons, or act locally upon the stomach, and through the nervous system, upon the brain.

III.—SULPHATE MORPHINE.

About the year 1850, while riding in the country, I was called in at a house I was passing, and found a man æt. 60 or more, who had a few minutes previously swallowed about half the contents of a dram bottle of morphine. He was sitting in a chair, with his elbows resting upon his knees, and his face in his hands.

He was vomiting freely, and the whole surface was wet with profuse clammy sweat. He had taken nothing but some vinegar, which his daughter gave him immediately after swallowing the drug. Considering that danger of death had passed, I gave him nothing but stimulants, and in a few days he was about the house.

The man had been an opium eater for many years, and consequently tolerant of a large quantity. Becoming tired of such a wretched life, he decided to cut it short as above related.

In regard to the antidotal effects of belladonna in opium poisoning, I have had no personal experience, but from the reports occasionally made by others, we must conclude that the question is settled. Dr. M. M. ALEXANDER, of this city, read a short paper some months since at a meeting of the East Tennessee Medical Society, in which he related a case where an infant child had taken sufficient laudanum to produce deep narcotism. When called, sufficient time had elapsed for the poison to pass out of the stomach, and accordingly belladonna was given in doses so as to cause its constitutional effects, and recovery followed.

CAUTION IN THE USE OF CHLORAL HYDRATE.

By I. A. WATSON, M. D.

Of Groveton, N. H.

Since the introduction of chloral hydrate into the practice of medicine it has rapidly grown in favor with the majority of the medical profession, until it has come into almost universal use, unexampled, in the short time that it has been known, in the history of medicine, not wholly from its meeting the expectations of the practitioner in every case, but because it generally gives good satisfaction, and because of the readiness of the profession to grasp at any new drug that bore promise of so much worth as did this one, from a report of the *best* side of the question. Probably not impartially has it been considered and reported upon, and not with unbiased pen has its real value been discussed in the medical literature of the day, for even an enlightened profession cling to that seemingly inherent element in man, of putting the best side out; hence it is that its real value is over estimated, and this fact is beginning to dawn upon the profession in relation to hydrate of chloral.

The bright side is lauded, while but little is said of the other, and the disappointments, and failings, and mishaps in the use of the drug, have remained, in a great degree, behind the curtain of silence.

It has not fully met the expectations of medical men, and it is now settling into its proper place among therapeutical agents. As a hypnotic and anodyne it stands second only to opium. From the fact that it may be given in cases where idiosyncrasy will not admit of an opiate; that the patient does not acquire

a habit for it; that it does not constipate or disturb the secretions, and that sleep produced by it resembles natural sleep, makes it a valuable addition to the materia medica. On the other hand, its uncertainty of action, through which results change, is alone sufficient to keep the practitioner on his guard. Perhaps I cannot better illustrate than in the following case:

A few days since, December 31, Miss S. H. R. called at my office to have a tooth extracted, and, wishing to take an anæsthetic, I gave her a small quantity of sulph. ether, and easily removed the tooth. The next morning, January 1, I was called to see her, and found her suffering from facial neuralgia. I prescribed the usual remedies in such a case. I also gave her ten grains hydrate of chloral, and in about thirty minutes gave her a second dose of the same size. This gave her ease, and I left ten grains more (prepared), to be given in the afternoon, if the pain was severe, and, if relief was not obtained from that, to be followed by a morphine powder, promising to call in the evening. In evening found her suffering terribly, though she had taken the chloral and morphine powder, the neuralgia involving nearly all the nerves of the face, and occasionally extending to the pleura. Gave, in conjunction with external applications, sinapisms, counterirritants, etc., twenty grains chloral hyrat. (in ten gr. doses) followed by a morphine powder.

This again gave her rest. Next morning, January 2d, found pain still severe. Again gave two ten-grain doses of chloral, which gave her ease for a short time. Left ten grains (prepared) to be given in the afternoon, and if that did not give relief in half an hour, to be followed by a morphine powder. During the afternoon I had occasion to visit a patient a few miles out of the village, and returning about three o'clock, was immediately called to the house of this patient, and upon arriving there found a neighboring practitioner (who chanced to be in town that P. M.) at work over her with several assistants, giving stimulants, applying cloths wrung in hot water to the extremities, using friction, etc., etc., with patient unconscious. I learned that about two o'clock she had taken the chloral that I left (10 grs.), and that in a short time she began to "grow numb in the hands and feet," which rapidly extended until she became unconscious. In this state the respiration became very feeble and seemingly suspended at times, the extremities cold, and the pulse reduced and feeble. Strong ammonia held to the nose made no impression upon her, but with the severest efforts we could occasionally make her open her eyes and take one or two long breaths. She remained in this condition over two hours, and I believe it was only our constant exertions that saved her life. For several hours after we got her out of this condition, she manifested a strong inclination to sleep. Hysteria developed itself during the night, though she is not subject to it, and lasted two or three days, during which she went into hysterical coma several times. Though her nervous system was considerably prostrated, she made a rapid convalescence, and since the last dose of chloral has had no neuralgia.

Now, the question arises, what was the cause of this small dose producing an almost fatal anæsthesia, while several times before she had taken double that amount without even obtaining sleep? It is evident that some change had taken place in the system in the space of a very few hours, that produced an increased susceptibility to the action of this drug. I have observed in other patients that fifteen grains would produce an effect that at other times would require nearly double that amount, and *vice versa*. The only theory upon which I can account for the uncertainty of the effects from a specific dose, is due to the different degrees of alkalinity of the secretions of the stomach, blood, etc. The action of the chloral hydrate is from the evolution of chloroform in the blood, and as this is due to its (the blood's) alkaline reaction, it takes place with a rapidity in exact proportion to the degree of alkalinity that the blood possesses at the time the drug enters the circulation.

Hence, with an acid stomach, and the alkaline reaction of the blood very feeble, a drachm or even more might be given without any bad effects, while in the same person, under different circumstances, with blood strongly alkaline, a much smaller dose might prove fatal. The inhalation of chloroform is comparatively free from danger, only one fatal case occurring in several thousand, but that is sufficient to keep the profession on their guard in its administration. Probably hydrate of chloral is also comparatively free from danger, but the fact that its effects are sometimes bad, that it

has in a few cases proved fatal, and that its action depends upon certain conditions as above stated, is sufficient to put every careful practitioner upon his guard. I believe it should *always* be given in small doses (from five to ten grs.) which may be repeated in twenty or thirty minutes if necessary. I have observed in some cases where its action is slow, that it may be expedited by giving alkaline drinks, which fact goes to prove that its action is as above stated.

When the profession will view this agent in its proper light, and not be influenced through anticipations and expectations to consider the best side only, and that, too, in a *hyperæsthetic* sense, its true merit will be apparent, and the indications requiring it will be known as positively as that of any drug in the catalogue of medicinal agents; and to discriminate in those cases in which it is preferable to opium, will not be as difficult as it now is. In fevers (so called), and in conditions involving excessive molecular motion, it is far superior to opium; but in cases where molecular metamorphosis, or motion, falls below a physiological standard, it should never be given. If we base the indications to be fulfilled in the treatment of diseases (so called) upon the conditions of molecular motion, then we bring the matter to an almost exact point, and find no difficulty in deciding when it is indicated, or admissable.

In conclusion, I would particularly call *attention* to the fact that the administration of chloral hydrate is not unattended with danger, especially, from unskilled hands; and even those who regard it the *sine qua non* in therapeutics, and prescribe it for every ache and ill, will loose nothing by observing the utmost care possible in its administration.

Editorial Department.

Periscope.

The Proper Method of Hypodermic Medication.

Dr. Reuben A. Vance, of New York city, gives the following directions in *The Medical World*, October, 1871.

There are four circumstances which are of the utmost importance for the safe and successful employment of hypodermic medication. They are as follows:

1. The quantity of fluid injected.
2. The degree of acidity of the solution.
3. The kind of needle employed.
4. The size of the syringe, and the method of manipulation.

Prominent among the circumstances which concur to bring about unfavorable results must be mentioned *a solution that is too dilute.* The injurious effects which result from this cause are chiefly due to the mechanical distention of a large quantity of liquid. This, by rupturing the smaller blood-vessels, permits subcutaneous extravasations of blood, and, by separating a large surface of cellular tissue, and exposing it to the action of a foreign fluid, furnishes conditions admirably adapted to induce inflammatory action.

Another circumstance—one more potent for evil than the former—is *a solution too strongly acid.* In the article before cited, I recommended a solution of strychnia, made with diluted phosphoric acid as being much better than one made with sulphuric acid. It is certainly true a smaller quantity of the former is as effectual as a larger amount of the latter, yet I have latterly discarded all solutions in which a mineral acid is used as a solvent, and now employ one made with acetic acid. This, being an organic acid, does not seem so irritating to the tissues in which it is thrown, while its solvent power is certainly as great as that of either of the others. A solution can be made with acetic acid which will be as strong and last as well as either of the others, and which will yet be much less strongly acid in its reaction. From this it will be seen that, other things being equal, acetic acid is the best solvent that can be employed.

The *kind of needle used* is also of great importance. Judging from analogy, we should be inclined to think that the nature of the materials entering into the composition of the needle would be of interest when the subject of the causation of abscesses is under consideration. The liability of all steel instruments to become tainted and poisoned from long usage, is a fact well known to surgeons and instrument-makers, and it is a matter of some surprise that attention should not have been sooner drawn to this same liability on the part of the needles to be found in the hypodermic syringes in ordinary use. That, in certain instances, needles used by the writer have become poisoned he is thoroughly convinced, and that certain abscesses which he

has seen result from the employment of these same needles were due to their poisoned state he is equally certain. No amount of attention on the part of the physician will enable him to keep a steel needle bright, clean, and in good condition when the solution he uses has an acid reaction. The inside will be corroded in all cases, and sooner or later the outside will get into the same state. For constant employment (especially where strychnia is administered) a steel needle, unless changed once a week, is decidedly unsafe.

The material possessing the greatest advantages of which it is possible to make a needle is gold. This metal, as is well known, is admirably adapted to withstand the influence of both strong and weak acids, and never corrodes. It is, therefore, entirely free from the danger of becoming poisoned, and thereby producing abscesses.

Of fully as much importance as any of the points mentioned is *the size of the syringe* and *the method of manipulation* in performing the operation of injecting the solution. The syringe should be so small that, when charged with the liquid to be injected, and armed with the needle, the end of the piston can rest against the hypothenar eminence of the right hand, while the extremity of the needle should project about half an inch from between the ends of the first and second fingers, in which position it can be retained by a moderate pressure with the thumb.

The syringe, properly prepared, being held in this position, the operator, with the thumb and forefinger of his left hand, pinches up a fold of skin over the pronator muscles of the forearm of either side of the patient, places the point of the needle against the loose end of the skin so elevated at a distance of half an inch or so from the fingers holding it, and then, with a quick shove, forces the needle through the integument, and by partially closing his hand drives the piston home, evacuates the contents of the syringe into the subcutaneous cellular tissue, and at once withdraws the needle. By this method of manipulating the syringe, the operation can be performed in less than five seconds, and is almost absolutely painless.

On Sesquichloride of Iron as a Prophylactic of Acute Rheumatism.

Dr. ANSTIE writes to the *Practitioner*: A considerable space of time has now elapsed since the announcement, by Dr. RUSSELL REYNOLDS, of his observations on the successful treatment of acute rheumatism by large and frequent doses of the tincture of sesquichloride of iron. I do not know to what extent this plan of treatment has become generalized; but there have been a good many reports in the medical journals of its employment in different hospitals; and the balance of evidence derivable from these seems distinctly favorable to the method. My own experience of it in fully declared acute rheumatism has not been large. I have treated six cases altogether with the sesquichloride, and in four of these I think the results distinctly bore out the main assertions of Dr. Reynolds as to the prompt relief of the pains, the limitation of the extent of mischief, and the shortening of the illness; in the other two, the medicine seemed to have no special effect. But it is not of the use of the sesquichloride in fully developed acute rheumatism that I now wish to speak. My opportunities of seeing disease on a large scale being chiefly those afforded by the out-patient room, it is rather the first advancings and threatenings of acute rheumatism, than the declared disease, that I am in the habit of seeing. A considerable number of persons present themselves in my out-patient room, in the course of twelve months, suffering from the preliminaries of acute rheumatism; it is one of the small group of really serious diseases (amongst a much larger variety of trivial complaints) which occupy one's attention in out-patient practice, and was formerly a matter of great dissatisfaction to me, from the apparently almost total failure of remedies to produce any effect. Whereas threatenings of gout could be very commonly dealt with in such a manner as to prevent the attack, or render it trivial, the onset of acute rheumatism seemed never to be averted by drugs when once the prodromata had reached the stage which pretty frequently presented itself before me, viz.: A more or less obscure aching of several joints, a yellow sallowness of face, with patches or streaks of dusky redness, blanket-like furring of tongue, an oily moisture of skin, a distinct though slight elevation both of pulse and temperature, and a certain anxiety of respiration. So far as the history of such patients could be traced, they were almost invariably found to have developed the full symptoms of the acute disease, and very often (after once seeing them in the out-patient room) one encountered them, a few days later, in a ward of the hospital.

Very different have been the results of treatment since I adopted the use of sesquichloride of iron from the first moment of such cases presenting themselves. During the past twelve months I have done this fully. Whenever a patient has presented himself with articular pain and slight fever that were plainly of the rheumatic and not of the gouty type, he has been at once placed on thirty or forty minims doses of the tincture of sesquichloride, from three to six of which, according to the severity of the symptoms, have been given in each twenty-four hours. I have several times called the attention of the students to the fact that (unlike what used to happen) these cases now re-appear in my out-patient room on my next hospital day; and in the great majority of instances declare themselves greatly relieved. Since July, 1870, I have treated twenty-nine such patients, of whom thirteen had

previously had one or more regular attacks of rheumatic fever, for the symptoms now referred to, with the full doses of iron; and of these, seventeen have lost all pyrexia and spontaneous joint-pain within the three or four days elapsing before my next day at the hospital. Only three have, under my own eyes, developed the full acute disease, and sent into the ward. Of the remaining nine, four disappeared altogether from my knowledge, and five were checked.

Ammonia in Poisoning.

Dr. A. S. TODD says, in the transactions of the Medical Society of West Virginia:

I have had, during my residence in Wheeling, many cases of poisoning by the *rhus* family, pretty generally succeeded by the following symptoms: Severe inflammation, much resembling that of erysipelas, attended with burning heat, violent itching and more or less vesication, and in cases where the poison had entered the circulation, it gave rise to vertigo, a peculiar whirling sensation of the head, nausea, impaired vision, vomiting, etc. Many remedies have been resorted to by the profession, with more or less success in this as well as other vegetable poisons. But I will here take the liberty of saying that of all the remedies I have ever used in vegetable and animal poisons, none will compare with the *ammoniacal compounds*, used externally and internally; externally in the form of a cataplasm, made with diluted *aqua ammonia* and flax seed or slipery elm powder kept constantly applied to the poisoned surface, and where the poison had entered the system and produced any constitutional disturbance. I have invariably used internally, the aromatic spirits of ammonia in drachm doses, at intervals of from three to four hours, each dose of the ammonia to be diluted in a wineglassful of water. I regard ammonia in its action as a more prompt and certain remedy in vegetable and animal poisons than any other remedy that can be found in the whole range of the materia medica. This opinion has not been gotten up in haste, but has been the result of actual observation and experience for more than forty years.

I have used the ammoniacal preparations perhaps more frequently in animal than vegetable poisons. I have in these cases tested the value of ammonia in the poison of snake bites, and once in the bite of a large, poisonous spider, and frequently in the bite of rats and the sting of venomous insects. A few years since I saw a child that was badly bitten upon the hand by a rat. Around the bitten part gangrene had set in, with pain and swelling in the adjacent parts. The ammonia was applied; the gangrene was speedily arrested, and the child restored to health. Two of the snake bites referred to above were of the copperhead family (*Trigonocephalus contortrix*); the other was a rattlesnake (*Crotalus dirissus*). These cases occurred at different periods in my practice. The first case of snake bite dates back to the summer of 1833. Were I a stranger to you, gentlemen, I might here pause, and fear that my veracity would be called in question, when I say to you that two of these venomous copperhead bites were inflicted upon the genital organs of an old bachelor, in the vicinity of Wheeling; the other snake bite was on the hand of a teamster, by a rattlesnake, while gathering some hay in the meadow for his horses. In two of these cases I saw the unfortunate sufferer within from four to six hours after the infliction of the wound.

In the first of these cases the bite was received upon the gland penis. The patient was much alarmed, the parts were becoming painful, and were considerably swollen; reddish streaks indicated the presence of inflammation in the lymphatic vessels of the parts.

The next case was also a copperhead bite, which occurred several years after the first. The bite in this case was inflicted upon the scrotum. In this, as in the former case, the virus had spread rapidly, and was being absorbed, and was as bad a looking case as the first; more swollen and painful. On the second day after the bite, where the teeth of the reptile had entered the scrotum, the parts looked badly, and had assumed a leaden color, the integuments were more or less indurated; consequently, the strength of the ammonia, externally, was increased, the aromatic ammonia was also given more frequently. The livid part was penciled frequently with the undiluted ammonia, which, in a few days, resulted in a small slough, some half an inch in diameter. This slough was soon succeeded by healthy granulations, and the wounded parts were speedily restored, and the patient able to resume his ordinary labor.

In all the above cases of poisoning the treatment was nearly alike. Ammonia formed the *base work*, and was, in fact, my strong sheet-anchor. The diluted aqua ammonia and powdered slippery elm bark, or flax seed meal, were made into a cataplasm, and kept constantly to the bitten surface, and to be renewed frequently, and, at the same time, every three hours, was given in a wineglassful of water or ale, one drachm of the aromatic spirits of ammonia, and when this sized dose gave any uneasiness to the stomach, it was lessened, but, as a general rule, in bad cases the dose should be as large as the stomach would comfortably tolerate.

This course of practice was continued, more or less vigorously, in all the foregoing cases of snake poisoning, until the virus was destroyed, and health restored. Having had, in so many cases, such conclusive evidence of the power of ammonia in neutralizing the poison of animals and venomous reptiles, I was induced to try its efficacy in that form of poison peculiar to *typhoid fever*, for it is now conceded by many of our best pathologists

that there exists, as the basis of fever, "*a blood poison*," resulting, it is said, from "organic germs," either of animal or vegetable origin. These *germs*, however small, when present in the blood, constitute a poison which very speedily pervades and vitiates the whole venous and arterial circulation, and this, in its turn, *produces fever*. The nervous system is also more or less involved in this mysterious development. This insidious poison, lurking in the veins of typhoid patients, is what I have been seeking to destroy for years, and to effect which, I resolved to test the alexipharmac properties of ammonia, not omitting the ordinary remedies used in the treatment of this fever. I consequently commenced by giving every three hours, one drachm of the aromatic spirits of ammonia, diluted in a wineglassful of water. This mixture is very agreeable to the stomach, grateful to the taste and smell, also a valuable stimulant, and, above all, in the judgment of the writer, *a sure antidote to poison*. In addition to this, I have been in the habit of directing the whole surface of the body every day, or, at furthest, every other day, to be well rubbed with a coarse towel moderately dampened with diluted ammonia water, made lukewarm. The effects of this volatile alkali in destroying or abating the force of this *blood poison*, has fully satisfied me of its value as a therapeutical agent in the treatment of typhoid fever, and can, therefore, with confidence, recommend to the consideration of the profession this "*neutralizing agent*."

Before leaving this subject, however, permit me to suggest that if it be true that ammonia will render innoxious the virus of poisonous reptiles, why will it not, in whole or in part, have the same effect upon the poison of rabid animals? Why not find a cure, in the use of ammonia, for hydrophobia?

Muriate of Ammonia in Hepatitis.

Dr. J. L. HILL, of Buena Vista, Oregon, reports a case of this disease in a female, æt. forty-five, in the *Oregon Medical and Surgical Reporter*. After a saline and acid treatment, he says:

The pain was not so intense, rests better at night; strength improved and chilly sensations not so annoying; catamenial flow returned very full but without dysmenorrhea as formerly; had vomited matter the day previous that she said had the flavor of a rotten egg; could not retain the wine and iron on her stomach; said it was so sweet that it sickened her; the area of the liver somewhat diminished; was up and about the house from this time forward, but not following any regular course of treatment; continued to complain, however, of constant aching pain in the region of the enlarged gland, while that in the scapula was considerably modified; pain still greater as night approached, and the use of purgatives still necessary.

Everything that I had read upon the treatment of the case had given me no satisfaction, but seeing in a number of the Philadelphia MEDICAL AND SURGICAL REPORTER, of the date of April 23d, 1871, an article on the successful treatment of a case of suppurative hepatitis with muriate of ammonia, by Dr. L. G. ALEXANDER, of Calhoun, Kentucky, I determined to try it, though I convinced that I had as yet accomplished but ittle permanent good.

On the 28th of June, I commenced the treatment with the following prescription:

℞. Ammoniæ muriatis, ʒiij.
Tr. cimicifugæ, ℥jss.
Aquæ, ʒij. M.
Sig.—Teaspoonful four times a day; all other treatment discontinued.

After taking the prescription one day the costiveness was relieved. During the week she went to Portland, and neglected to take the medicine with her. On her return, two or three days afterward, she resumed it with marked benefit; soreness gradually subsiding and general strength improving. In about a week after she was taken one morning with diarrhea, having six or seven evacuations within the space of half an hour, apparently consisting of pus and mucus. She said that previous to the commencement of the diarrhea she felt something break loose in the tumor, and that when the discharge ceased from the bowels, the soreness in the side and the swelling had also gone. She rapidly gained from this time, both in flesh and strength, and has suffered no pain since.

Small-Pox in New York.

On the 15th January, the New York Board of Health submitted an important report concerning the progress of the small-pox in that city during the first nine months of last year. The whole number of deaths is set down at 805, out of a population of 942,252—a percentage of .85 per 1000. The number of cases was 3,084. Of these 235 came from quarantine, and 532 from other places beyond the city limits. During the year upward of 100,000 persons were vaccinated by the city physicians. The Board, after detailing the various preventive measures resorted to, with reference to fumigation, says: "Carbolic acid and sulphurous acid seem to have the property of utterly destroying the germs of this particular poison, while chlorine, so much relied upon as a disinfectant heretofore, does not prove to have the same powers."

Comparative Embryology.

Dr. BURT G. WILDER, Professor of Comparative Anatomy at Cornell University, is giving especial attention to the above branch of science. He desires embryos and malformations from all the realms of animal nature. He remarks in his circular sent us:

"Such specimens are of the greatest value

to science. Gœthe, who was naturalist as well as poet, well said: 'It is in her monstrosities that Nature reveals to us her secrets,' and many of the more obscure laws of life and organization have been elucidated by the aid of these unfortunate creatures, which go astray before they are born, and live only to die. The not infrequent occurrence of such malformations among the human race, should alone induce a careful study of whatever may lead to a knowledge of their nature and possible causes." There are few persons, especially living in the country or upon farms, who have not occasional opportunities of procuring such specimens as we desire; but none are so likely to have them as the hunters, the butchers and the stock-breeders; let me ask all such to save and send the specimens that almost daily come into their hands."

——A handsome tablet has just been placed in the Derry Cathedral to the memory of the late Thomas Henderson Babington, Esq., M. D.

Reviews and Book Notices.

NOTES ON BOOKS.

An interesting contribution to the much-neglected department of medical biography is to be found in a pamphlet of ninety-two pages, printed at Newark, New Jersey, entitled, "History of the Medical Men and of the District Medical Society of the County of Cumberland, New Jersey." It is written chiefly by Drs. ROBERT M. BATEMAN and ENOCH FITHIAN, and contains the records of many worthies, who, in former years, carried on the art of healing in that locality.

Numbers 1 and 2 of volume II. of the *Photographic Review of Medicine and Surgery* (October and December, 1871,) contain some admirable photographs of rare and striking lesions. It is an undertaking which deserves support, and exhibits praiseworthy accuracy and care on the part of the editors and contributors.

THE SCHOOL FESTIVAL.—This beautiful little quarterly magazine, devoted to new and sparkling matter for *school exhibitions* and public days, is received for January. No teacher or pupil will regret taking it. It costs fifty cents a year; single copy, fifteen cents. Alfred L. Sewell, Publisher, Chicago, Ill.

The "Medical Supply Table of the U. S. Marine Hospitals," Circular No. 6, reflects credit on the Supervising Surgeon (Dr. JOHN M. WOODWORTH) for its completeness and the manner in which it is kept up to the advances of materia medica and the demands of intelligent practitioners.

Under decidedly discouraging auspices, but with a profound sense of the utility of the undertaking, a number of prominent ladies in Chicago have united to establish the "Woman's Hospital of the State of Illinois," in Chicago. The announcement, charter of incorporation and by-laws have been received. Drs. BYFORD, ANDREWS, DE LASKIE, MILLER, and other well known gentlemen, are on the consulting board.

One of the objects of this institution is to thoroughly qualify a class of female nurses. There is a wide-spread appreciation in the community of the great want of a body of intelligent, conscientious women, who have been properly educated, for this responsible office—an office scarcely second in importance to that of the physician. We wish it every success.

The report of the New Jersey State Lunatic Asylum for 1871, under the charge of Dr. BUTTHOLPH, presents a satisfactory exhibit. The number of patients under care at the close of the last year was six hundred and forty-eight—three hundred and seven men, and three hundred and forty-one women. The number received since, viz., from December 1, 1870, to October 31, 1871, inclusive, being the period of eleven months, was two hundred and ninety-five—one hundred and fifty-one men, and one hundred and forty-four women. The whole number of cases under treatment during the same period was nine hundred and forty-three—four hundred and fifty-eight men, and four hundred and eighty-five women. Of this number there were discharged, as recovered, one hundred and seven; as improved, sixty-three; as unimproved, nine; and sixty-four died.

The Proceedings of the Second Annual Session of the State Medical Association of Arkansas, held at Little Rock, November, 1871, contains an able address by the President, Dr. P. O. HOOPER, a sanitary survey of the city of Little Rock, by Dr. R. G. JENNINGS, two cases of knee-joint amputation, by Dr. W. H. HAWKINS, a case of malarial hæmaturia, by Dr. E. R. DUVAL, some remarks on climatology, by Dr. LAWRENCE, and the minutes of the proceedings.

BOOK NOTICES.

The Management of Infancy, Physiological and Moral, intended chiefly for the use of parents. By ANDREW COMBE, M. D. Revised and edited by SIR JAMES CLARK, Bart., K. C. B., M. D., F. R S., Physician in ordinary to the Queen. First American from the tenth London edition. New York. D. APPLETON & Co., 1871. 1 vol. cloth, 8vo., pp 302.

DR. COMBE'S work was first published about twenty-five years ago and soon attained a deserved popularity. At that period it was unquestionably the best book on the subject, and long remained so. The present edition, which has been very carefully and thoroughly revised by the distinguished editor, is on nearly all points brought up to the latest positions of medical science. There are, indeed, here and there, certain antiquated opinions advanced and even defended—such as the injurious character, *per se*, of consanguine marriages and the use of phrenology in education—which detract from the general value of the book as a guide; but they are rare.

The strong expressions of the author, the editor, and a large number (sixty-five) of the most eminent medical men of London (see preface and appendix, p. 275.) on the urgent need of popular instruction on the physiology, structure, and functions of the human body, we commend to those stiff-backed gentlemen of the old school who are so very fearful of the effect of popular medical instruction on the mind and morals of the general public.

The subject of infant mortality is discussed with earnestness, as well it may be; but singularly enough, while speaking of the means of preventing diseases, nothing is said of the all-important subject of vaccination.

The sections on the artificial foods for infants are less complete than the importance of the subject demands. Cow's milk, which is recommended as the best substitute for the mother's milk, is now generally conceded to be objectionable in early infancy on account of the casein it contains.

In spite of these and various other signs of age about the book, it is one we heartily commend to the general reader and the young professional man.

Transactions of the Medical Society of the State of West Virginia. Wheeling, 1871. Pp. 229-312.

Besides a brief report of proceedings, this volume contains a number of articles which we will briefly mention. Dr. B. W. ALLEN contributes one on the Use and Importance of the Microscope to the Medical Profession. It is historical in character, and offers little or no original research. Dr. RICHARD BLUM, in a paper on Sanitary Science, argues strongly in favor of more popular instruction in this branch. Dr. WALTER COLES reviews the various anæsthetics of the day. Dr. W. H. SHARP gives a *resumé* of the late observations in clinical thermometry. The most valuable paper in the volume appears to us to be Dr. A. S. TODD'S Report on the Medical Botany of West Virginia, about twenty pages in length. It is followed by remarks on the Topography, Climatology, and Epidemic Diseases of Upsher County, by Dr. ELIAS S. BRENSON. Five interesting cases of trichinosis are recorded by Dr. HENRY J. WIESEL, of Wheeling. They all recovered, without any special medication, in the course of three or four months. Dr. REZIN P. DAVIS figures two instruments he has devised: one for treatment of fracture of the inferior maxillary, the other an improved tonsillotome.

Transactions of the American Ophthalmological Society—Eighth Annual Meeting, July, 1871. New York, D. Appleton & Co., pp. 145.

To this volume, as to former ones, Dr. B. JOY JEFFRIES, of Boston, contributes a most excellent report on the progress of ophthalmology, and a recent bibliography of the science. This occupies nearly fifty pages. The remainder of the volume is taken up by a number of essays, generally highly creditable to the standing of American ophthalmology.

Dr. EDWARD CURTIS describes an apparatus for cutting microscopic sections of eyes. Two cases of that rare disease, general syphilitic inflammation of the eyes, are reported by Dr. F. DELAFIELD. Dr. EDWARD G. LORING discusses the halo around the macula lutea. Dr. HENRY D. NOYES suggests a scheme to aid in examining and recording cases of functional trouble of the eye. Dr. O. F. WADSWORTH has a short paper on the tables given by Loring and Knapp, to show the displacement of the retina in ametropia. And other valuable articles are contributed by Drs. GUSTAVUS HAY, of Boston, RUSSELL MURDOCH, of Baltimore, GEORGE STRAWBRIDGE, of Philadelphia, J. GREEN, of St. Louis, and other ophthalmologists.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 27, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PRACTICE OF THE FUTURE.

Not long since we read a leading article in a scientific periodical, in which the editor, stepping aside from the paths of applied science—in which no one is more at home—had some words to say about the changes which, he conceived, are going on in the art of therapeutics.

His words were these:

"Physicians are beginning to know, how little they know, which is a long stride toward rational practice.

"A skilled practitioner, formerly a lecturer in a medical institution, said to us in a recent conversation: 'The medical practice of the future is to be essentially hygienic.' This statement is most significant. Physicians are gradually relinquishing their faith in drugs, and placing their trust more and more in the recuperative power of their patients. Less calomel, rhubarb and jalap, and more pure, sweet air, more good food and drink, more cleanliness and good companionship to prevent mental depression and discouragement, with rest, are the medicines now fast becoming popular; and they are so good to take that they are gratefully received rather than rejected by the sick."

With all deference to the man of science and to his medical adviser, "formerly a lecturer in a medical institution," we find ourselves as far as possible from agreeing with them as to what is going to constitute 'the practice of the future" We fail to see any, even the slightest, indication of a disposition in the great body of intelligent practitioners to renounce the use of drugs, or to relinquish their faith in their effects.

If the editor in question, or even the gentleman who volunteered the prophecy we have quoted, will step around to any of the leading drug houses in the city where they reside, and ask some information on the topic from those best qualified to give it—the houses of long standing in the wholesale drug trade—they will very certainly find that no time in history have drugs sold to the same extent as at present; that never have medical men prescribed them more freely, and with such confidence, as now, and that they are led to do this by positive results which they can at any time exhibit.

It is true that calomel and jalap are not now so largely sold as in previous years; but this is not because less medicines are given, but because they have been replaced by other drugs of more agreeable, more potent, or more manageable properties.

Conspicuously within the last few years has therapeutics come forward as a branch of medical science. Various journals and many volumes devoted especially to it have appeared; and on all sides the endeavors of physicians are directed to placing it upon a firm basis.

The practice of the future will not neglect hygiene; on the contrary, it has and must have a prominent part in all treatment. But to suppose that the role of the physician is going to become merely that of a head nurse, or a sympathizing and intelligent looker-on, is an error which facts all around us disprove.

The Wharton Trial

for poisoning, now in progress in Baltimore, Md., is exciting much discussion and interest, both in and out of the profession. We expect soon to have a valuable paper upon the facts and testimony elicited during the investigation.

Notes and Comments.

Vaccine Virus.

During the past three months we have supplied several hundred physicians with vaccine virus with the understanding that of the product some was to be returned. A few only have responded, while we are having calls much faster than we can fill them—an average of thirty to fifty calls being on hand all the time beyond our ability to supply. Several have authorized us to purchase for them—but we cannot purchase. This vaccine exchange is intended solely as an accommodation to the profession. It takes much time and labor to attend to the calls; but we do it cheerfully, and only ask that the profession keep us supplied with fresh virus from *primary* vaccinations in healthy young white subjects—*none other*—so that those who apply to us will not be disappointed.

Alcohol in Medicine.

Two hundred and sixty-five prominent English physicians and surgeons have signed a memorandum certifying that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess or for the continuance of its use when the occasion has passed. The signers express the firm conviction that the large amount of drinking of alcoholic liquors in Great Britain, is one of the most hurtful evils of the day, destroying, more than anything else, the health, happiness and welfare of the working classes. These physicians say that they will gladly support any wise legislation which would tend to restrict within proper limits the use of alcoholic beverages, and to introduce habits of temperance. Among the signers are to be found the names of distinguished physicians and surgeons in extensive practice, army surgeons of high rank, inspectors general of hospitals, professors in medical colleges, and members of the medical staffs attached to hospitals in London and in the provinces.

Testimony About Smoking.

A letter to the *Scientific American* contains the following confession:

"I am a young man who has smoked for several years, and I wish to make known its effects upon me. It has injured my eyesight, and also my memory; and at one time, my nervous system was nearly prostrated. I left off the habit (by the advice of a physician), for several months, and I rapidly gained until I felt quite well. My eyes did not trouble me as before, and my weight was much more than ever before; but my appetite was so strong for it, that, no sooner than I found myself well, I again took up the habit, and I gradually fell away in flesh; my eyes began to trouble me again, and my nerves began to shake. I again left it off, and, as before, I gained rapidly."

The Pharmacy Commissioners.

The Commissioners of Pharmacy, of New York city, have made a report of their proceedings during the last six months of 1871. They state that, although nearly one thousand applicants have been examined, only six hundred and sixty-six have received licenses as druggists, and of these not one in twenty succeeded on the first trial in passing the examination in all the branches. The most decided failures were in chemistry, toxicology, practical pharmacy, and in reading the prescriptions and directions of physicians which had been written in Latin, to test the proficiency of the candidates. Out of seven hundred and twenty-eight applicants for licenses only three could read at sight the easier Latin classics. The examiners, however, appear to have been too strict in requiring a knowledge of the classics, for nearly all the candidates were familiar with the Latin names of the medicines and with the weights and measures, but could not translate the Latin directions which were purposely written to entrap the young druggists. Thus a prescription in Latin, calling for compound tincture of gentian and for an infusion of the same was handed to the candidate to translate. To express the idea of "the same," the word "ejusdem" was used and the Commissioners, with apparent satisfaction at the success of the trap, report the results of this test. One clerk, it is stated, replied that in no store where he had been employed had he ever seen or heard of "infusion of ejusdem." This famous prescription was presented at eighteen drug stores in the most populous part of Broadway, and the same answer as the above was returned.

Correspondence.

DOMESTIC.

A Rare Surgical Accident.

EDS. MED. AND SURG. REPORTER:

Oct. 14th, '71, 9 P. M., I was called to see Willie R., æt. 10 years, who had two hours previously "run a splinter in his eye." The boy stated that while running from another boy—it being dark—he ran against the end of a horizontal pole, which was used for a "clothes line." The pole had a long, sharp splinter, projecting from its end, which entered the boy's right orbit, immediately under the eyeball, passing through the lower eyelid and broke off, remaining in. The boy stated that the blow knocked him senseless to the ground, but he soon got up and walked into the house.

Two hours after the accident I found the boy lying in bed. When I entered the room, he arose and came to the fire; talked rational; did not complain of any pain; pulse tolerably good; no hemorrhage from wound. I found an ugly splinter one-half inch wide projecting one-quarter inch through lower eyelid; it felt firm and tight. The eyeball was not ruptured, nor could he see any with that eye. I did not know how far the splinter had entered, nor its exact course, but judging from its firmness, I supposed it had followed the walls of the orbit and forced its way through the foramen into the base of the brain.

After a few explanatory remarks to the boy's friends, and stating the probable result of the wound, I proceeded to remove the "exciting cause." It being several miles to town I did not send for counsel. I placed the boy's head in the hands of an assistant, and with a pair of small forceps made gentle traction upon the splinter. The splinter came out after considerable force had been applied to it. The boy was laid upon the floor immediately, and after two or three gasps was dead.

The splinter was four inches in length by one-half inch wide and had evidently penetrated the base of brain one and a-half or two inches.

What caused his *instant* death? Was it the shock? the pressure from internal hemorrhage? or the rushing in of air before the closure of the wound? or was it most likely the three combined? *Was the treatment right?* It is evident that the patient would have lived a few hours *at least*, had I not removed the splinter.

H. C. LA FORCE, M. D.

Heltonville, Ind.

NEWS AND MISCELLANY.

Philadelphia Orthopedic Hospital.

This important charity, which has been supported thus far entirely by voluntary contributions, is rapidly increasing in usefulness.

The fourth annual report shows that three hundred and nine new cases were treated in 1871, an increase of ninety-nine over the previous year. These came to the institution from all sections of the country and include two from California.

The surgical department is devoted exclusively to the treatment of bodily deformities, including club foot, wry neck, bow legs, knock knees, contractions of the joints, hip and spinal diseases, etc., and its value to the community already has been incalculable in rescuing hundreds from a whole life of suffering and helpless dependence.

Another year's experience in the department for nervous diseases, established in 1870, has been most satisfactory, and fully demonstrates the great need which existed for such a charity, where paralysis in all its forms, neuralgic affections, chorea, epilepsy, etc., many of them requiring long and patient care, might be skillfully treated. In all departments the advice and service of the first surgical and medical talent of the city is given gratuitously.

The hospital building on S. Ninth street, being entirely inadquate for the work, the managers, aided by private subscriptions and appropriation for the purpose from the State, have been enabled to purchase the desirable double dwelling and lot at the north-west corner of Seventeenth and Summer streets, and will remove to it as soon as the necessary alterations and repairs are completed.

The Outrage on Medical Students at Havana.

Our readers will have learned the particulars of this outrage from the daily papers. We take pleasure in publishing the following resolutions, which express just sentiments about it:

At a regular meeting of the St. Joseph Medical Society, held on December the 2d, G. C. CATLETT, M. D., offered the following resolutions which were adopted unanimously:

WHEREAS, the Government of Spain, in Cuba, in the execution of the eight medical students, and the inhuman punishment of others, for the alleged misdemeanor of disturbing a grave, have exhibited a barbarous, uncivilized and unchristian spirit, and have outraged this enlightened age, and have incensed every Christian, civilized and enlightened nation; therefore, be it

Resolved, That we request all medical societies in the United States, to join with the St. Joseph Medical Society in protesting against such barbaric use of power. And we believe it, furthermore, to be the duty of all Christian

and civilized governments to censure this inhuman act of Spain officially; and be it further

Resolved, That these resolutions be tendered to the PHILADELPHIA MEDICAL AND SURGICAL REPORTER for publication.

Hydrofugine.

A substance called hydrofugine has recently been brought into use for the purpose of rendering fabrics water-proof, without interfering with the circulation of the air through them. The method of preparing the compound is as follows: In one of two pans, each of a capacity of about five gallons, place 20 pounds of sulphate of alumina cut in thin slices; into the other pour eight pounds of oleic acid, and about a gallon and a half of alcohol. Stir in order to properly mix them, and then pour gradually the contents of the second pan into the first, stirring all the time with a wooden pallet for about twenty minutes. When the mixture is complete, allow it to settle for about twenty-four hours. The alcohol and the oleic acid, which floats on the top, can be poured off, and the precipitate is placed in a felt filter, and submitted to a strong pressure in order to obtain a solid cake. This cake is removed and dried in a moderately hot stove, and afterwards reduced to powder. This powder is prepared for use for woollen fabrics by mixing and dissolving one pound in about 20 gallons of water. For silk, linen and other fabrics, one and a half pounds of the powder will be required for every 20 gallons of water. The solutions are to be passed through a sieve before dipping the fabrics, which should be completely saturated and afterward removed and dried, when, it is asserted, they will be found to be impervious to water, but not to air.

Painless Extraction of Teeth.

Dr. A. C. CASTLE (*Dental Cosmos*) observes that he has for thirty years adopted the plan of obtunding or benumbing the extremities of the temporal nerves, for painless extraction of teeth from their sockets, with complete success, never having used or countenanced the exhibition of chloroform, ether, or nitrous oxide gas for this minor surgical operation. The benumbing, or *mechanical anæsthesia*, of the temporal branches of nerves, obtunds the whole nerve to a sufficient extent to allow the teeth to be removed, with sensation so slight that, if not attending a special surgical operation, it would scarcely be noticed by the patient.

One of two modes may be adopted. By application of ice to the temples which is somewhat distressing, the sensation of cold striking deeply. The other, to which he gives the preference, is done by an assistant, with each of his middle fingers pressing with persistent firmness into the *fossa* or hollow behind the ridge of the temporal bone, which forms the external bone circle or rim of the eye. Pressure for one minute is all that is necessary. The practice is as simple as it is harmless, and leaves no after unpleasant sensation to annoy the patient. It is an instinctive method often adopted by people themselves, who press their temples with their fingers to relieve themselves temporarily of the acute paroxysms of nervous headache. This temporary pressure, with sufficient force, is all that is required to remove teeth painlessly.

MARRIAGES.

ANDERSON—MILLER.—By Rev. H. W. Forbes, Dec. 28th, Dr Wm. M. Anderson and Miss Anna C. Miller, both of Madison county, Iowa

ANDREWS—CAMPBELL.—Dr. Judson B. Andrews, of Utica N. Y., was married at New York Mills, December 27, 1871, to Miss Agnes, daughter of Hon. Samuel Campbell, of the latter place.

BUTLER—WHITE.—December 21st, at the First Presbyterian church, Stapleton, Staten Island, by the Rev J. E. Rockwell, D. D., Henry L. Butler, Jr, and Cornelia, daughter of the late Dr. S. P. White.

DUNNING—MORRIS.—January 17, at St. Andrew's Church, Philadelphia, by the Right Rev. Alfred Lee, of Delaware, Dr. Erasmus C. Dunning, United States Navy, and Harriette Shalcross, youngest daughter of Samuel Morris, of Morisana, Chester County, Pa.

FELLOWS—DOCKCROFT.—In New York, Jan. 18th, at the residence of the bride's father, by Rev. Thomas De Witt, D. D., Robert Fellows and Emma L. Dockcroft, daughter of William Cockcroft, M. D., all of that city.

HARSHBARGER—BROWN.—December 27 h, by the Rev. J. W. White, A. S. Harshbarger, M. D., and Miss M. Lizzie Brown, youngest daughter of Hon. J. M. Brown, all of Milroy, Pa.

HOLBROOK—CHALMERS.—Jan. 17 1872, at the residence of the bride' father, by Rev Dr. Paxton, assisted by Rev. Dr. Adams, William G. Holbrook, and Annie M., daughter of Dr. Chalmers, of New York.

HOOVER—BRENNEMAN.—By Rev. John Junkin Francis, At the Presbyterian parsonage, Freeport, Pa., Dec. 20th, A. M. Hoover, M. D., of Parker's Landing, and Miss Allie F. Brenneman, of Freeport, Pa.

LOUGHRIDGE—WAKEFIELD.—At Harmar, Ohio, Jan. 1st, Dr Samuel O. Loughridge and Miss Mary L. Wakefield, both of Harmar.

MCKEE—IRWIN.—December 21st, at Greenfield, O., Dr. R. H. McKee of Bainbridge, O., and Miss Lizzie V. Irwin.

NODLER—CUSHING.—January 9th, at St. Mary's Cathedral, Cincinnati, O., by the Rev. J. W. Smith, Mr. J. W. Nodler, of Indianapolis, and Miss Romaine Vinton, second daughter of the late Dr. Z. Cushing, of Covington, Ky.

RAY—WYNKOOP.—By Rev. John Gilmore, Dec 27th, at the house of the bride's mother, Dr. Hiram W. Ray and Miss Isabella H. Wynkoop, all of Bellevue, Iowa.

REYNOLDS—DAVID.—At Mt. Vernon, Ala., Dec. 20, Richard Reynolds, M. D., U. S. A., and Mrs. Margaret David.

ST. CLAIR—DOUGHERTY.—By Rev. A. McElwain, Jan. 4th, Mr John P. St. Clair, son of Thomas St. Clair, M. D., and Miss Mattie J., daughter of J. R. Dougherty, Esq., all of Indiana, Pa.

TUCKER—MAGOFFIN.—At Ex-Gov. Magoffin's, near Harrodsburg Ky., January 10, Dr. D. C. Tucker, of Danville, and Miss Annie Magoffin.

DEATHS.

ALCORN.—In Alleghany, Pa., Dec. 27th, 1871, "Mattie," infant daughter of Dr. J. P. and M. H. Alcorn.

FISHER.—At New Brunswick, N. J., Jan. 1st, Nettie S. Fisher, daughter of Dr. J. C. Fisher, aged 21 years.

HORTON.—In Terry own Pa., on the 7th inst., Miss Nancy T., daughter of Dr. G. F. and Abigail Horton, aged twenty-five years.

JOHNSON.—At Cambridge City, Ind., January 4th, Dr. Nathan Johnson, aged 77 years and 21 days.

TOBEY.—At Rochester, N. Y., December 30th, Dr. Philander G. Tobey, in his 73d year.

TROOST.—At Marcus Hook, Delaware county, Pa., on the 3d inst., of confluent small-pox, Mrs. Mary A. Troost, in her 60th year. She had an attack of the same disease fifteen years ago.

THE

MEDICAL AND SURGICAL REPORTER.

No. 779.] PHILADELPHIA, FEBRUARY 3, 1872. [Vol. XXVI.—No. 5.

Original Department.

Communications.

COMPOUND COMMINUTED FRACTURE OF THE RIGHT LEG—IN THE VICINITY OF THE ANKLE-JOINT, BADLY UNITED, WITH GREAT DEFORMITY OF THE LEG AND FOOT—CARIES OF BOTH TIBIA AND FIBULA AT THE SEAT OF FRACTURE—RESTORED TO PERFECT USEFULNESS.

By A. G. Walter, M. D.,

Of Pittsburg, Pa.

Balthasar Stoeckinger, æt. 40 years; resident of Mullers' Alley, 11th Ward, Pittsburg; laborer; of nervous temperament; small stature; slim body; hereditary phthisical constitution; dry, teasing cough during the winter months. Was struck while at work, fourteen months ago, by a heavy mass of iron upon the outer face of the right limb, above and at the ankle-joint, fracturing the fibula two or three inches above the malleolus externus, also fracturing the tibia above the malleolus internus. The skin and aponeurotic coverings were torn for the space of three inches above the malleolus externus in the longitudinal axis of the limb, and also in a transverse direction to the extent of two inches above the internal malleolus. Considerable bleeding followed the injury.

The patient was removed from the workshop, where the accident happened, to his home, and medical assistance at once summoned. The limb was cleaned and put into a box, with wet cloths as a dressing. This constituted the treatment for the first week, after which a wire splint was substituted for the box—the limb being kept in a swing. It was kept in this position for four months, at the expiration of which time it was laid on a pillow, and the patient for the first time allowed to change from the recumbent to the sitting posture.

There was a great deal of suppuration from the wounds, cicatrization proceeding but slowly, as the system suffered greatly from the continued drain incident to cutaneous, fascial and bony destruction. Six months having thus passed, nature had succeeded in repairing so far the injury that large fistulous openings only remained at the seat of the fracture, still discharging ill-conditioned pus, and giving evidence of deep-seated ulceration. In this condition the patient was left by his medical attendant, who assured him, as did other practitioners who had called from time to time, that eventually cicatrization and recovery would take place. This, however, did not take place, as fourteen months after the receipt of the injury the same ulcerative destruction of bony structure continued, together with such an aggravated deformity of the leg and foot that the use of the limb, even if healed, would be entirely out of the question.

Thus far I have detailed the history of the case as received from the patient and his friends, when my services were requested. At that time the condition of the man and his limb was as follows:

It was but natural that protracted confinement, associated with the great shock and the continuous drain upon the system in an unhealthy and feeble constitution, should have left unmistakable marks upon his person as evidences of the prolonged struggle of nature's innate recuperative powers against an injury of so grave a character, and so *little aided, if aided at all*, by surgical assistance. Such, however, was his condition for anemia. A feeble, quick pulse, impaired digestion, and flaccid

muscles, portrayed the waste which his constitution had endured for many months. But if his general condition gave proof of protracted sufferings—enlisting earnest sympathy—his limb and foot presented such a diseased and crippled condition as to well nigh cause a conservative surgeon to despair of affording relief under such unfavorable circumstances, and to decide at once on amputation as the safest and speediest means of ridding the system of the continued irritation incident to caries of the tibio-fibular-astragalean articulation, and the patient of a limb which, to all appearances, would be useless for locomotive purposes. There was knock-knee, due to the mal-position in which the limb had been allowed to rest, and great deformity at the ankle-joint—the fracture of the tibia and fibula not having been reduced—the result was a deep curve on the outer face of the limb above the malleolus externus, while the lower part of the tibia and malleolus internus were very prominent along the inner face of the limb. The greatest amount of deformity, however, was found in the foot, it representing the most aggravated species pes-equinus. The heel was retracted about six inches, with rigid contraction of the tendo-achillis; the fore part of the foot, along with the toes, was curved toward the sole of the foot, not admitting of the least extension, in consequence of the rigidity of the palmar fascia and the flexors of the toes. Voluntary motion of both flexors and extensors of the foot and toes were entirely lost.

A general rigidity pervaded the entire osseous, tendinous and aponeurotic apparatus, the high degree of phlogistic action having matted all the parts solidly together. Thus the uselessness of the foot was apparent, as in the standing position the dorsal surface of the curved toes touched the ground instead of the plantar one. Cicatrization had proceeded so far at the seat of the injury as to leave only a superficial ulcerative surface, about one inch in diameter, with fistulous openings above the malleolus externus. Upon introducing a probe, it passed readily toward the malleolus internus, and downward into the tibio-astragalean articulation, which had become a cavity one and one-half inches in extent. There was also caries of the malleolus externus and the lower surface of the tibia and astragalus. There was considerable new osseous deposit at the seat of the fracture, which added greatly to the deformity in that locality—the bones being firmly united in their malposition, and it was only by forced manipulation that hardly any motion could be detected at the ankle-joint. The foot had become smaller than its fellow, and was cold and bereft of normal sensibility.

Under such unfavorable circumstances, was it reasonable to suppose or entertain the hope that conservative means would be availing in parts thus vitally injured and bereft of nervous energy and proper nutrition? Was there not risk to the life of the limb and that of the patient to be apprehended by subjecting the limb to the resection of several carious bones, the subcutaneous section of contracted tendons and fasciæ, and brisement force necessary to remove the deformity, and of taxing anew the feeble powers of life with the irritation and drain of the system which must follow such extensive resection and forced manipulation?

The careful consideration of these questions was of paramount importance not only to the patient but to the surgeon. To the patient the interest was vital; and to the surgeon, in case of failure, reputation would be at stake, to be followed by reproach in the face of an array of medical testimony deeming amputation of the injured limb not only justifiable, but imperatively demanded. Grave, however, as these considerations were in regard to the successful issue of the case, yet encouraged by ample experience in the conservative field, and deeply sympathizing with the poor and afflicted patient, I resolved to resort to conservative treatment in preference to amputation. With this view several weeks of preparatory treatment were instituted for the purpose of recuperating the vital energies of the system and of locally restoring more vigorous arterial circulation in the limb. Tonics, stimulants and a nutritious diet were called into requisition, while the foot and leg were kept enveloped in a warm linseed-meal poultice—the patient being allowed to walk on crutches, in order to favor a free entrance of blood into the injured limb.

This preparatory treatment had the desired effect, as strength had returned with the increase of appetite and circulation, the pulse having gained in volume and lost in frequency, and all the functions appeared normal (the

dry. teasing cough remaining), the limb too having recovered proper temperature and sensibility.

On November 13th, 1870, the proposed operation for the relief of the patient was performed. Dr. GREENAWALD, of this city, kindly superintended the administration of chloroform. The patient, after a few minutes of inhalation, fell into a quiet sleep with respiration and circulation undisturbed. As soon as anæsthesia was obtained the tendo achillis was subcutaneously divided. Some caution was required during its section, as plastic deposit had matted it firmly to the skin and the surrounding cellular tissue. The tendo tibialis anticus, the flexor communis digitorum, brevis and flexor pollicis longus with the fascia plantaris were next subcutaneously divided, as they were found structurally contracted. An incision was then made in the longitudinal axis of the limb across the fistulous openings of the fibula three inches in extent, while two transverse ones were made at the extremities, each one and a half inches long, intersecting the first. The flaps thus formed were reflected by a bone chisel, the periosteum being carefully saved; the new involucrum of the fibula was freely exposed. Two buttons were removed from this new bony deposit with the trephine, the intervening portion being resected by the chisel. Thus room was gained for attacking the carious structure of the fibula, tibia, malleolus internus and astragalus by the gouge. Some portion of sequestrum of the fibula was found and removed. Great care was taken in detaching all carious material.

The inner face of the ankle-joint, below the internal malleolus, was next perforated to admit the passage of an oiled tent from the fibular wound across the joint. This proceeding of passing setons across the bones in deep bony cavities, I may be here allowed to recommend as a conservative means of great importance, for by the occasional shifting of the seton the discharge of the debris of bony material and pent up matter will be facilitated, while injections, too, when made from either opening, will assist in cleaning the bony cavity and aiding the reparative process. All the carious tissue and pseudo-plastic (pyogenic) membrane with which the cavity was filled, having been carefully removed by the gouge, and the resistance of the tendons and fascia having been overcome by subcutaneous section, the next and most important step—the restoration of the foot to its normal position—was proceeded with. Gentle, but steady force, first being applied to the toes, their natural position was restored—a perceptible cracking of the joints indicating their liberation. The ankle-joint was then forced into its original position, the remaining shell of the tibia and fibula having been broken. The foot had assumed its rectangular correspondence with the leg. There was free capillary bleeding from the wounded bones, no ligature being needed, the astringent effect of cold water alone being sufficient to arrest all bleeding.

The large cavity in the bony structures—large enough to admit a hen's egg—was cleared of blood, and then freely sponged with carbolized oil and then filled with lint soaked in the same liquid. A carbolized linseed meal poultice, lukewarm, was then applied and made to envelope the entire foot and lower part of the leg. The whole limb—foot included—was then placed upon a well padded sheet iron splint, which I am in the habit of using, and secured in this position by many turns of a flannel bandage, from the toes upward. The deformity of the knee (knock-knee) was rectified at the same time by lateral splints supporting the joint in its natural position. For the comfort of the patient, the limb was kept swinging. No bad effects following the anæsthetic. Sulph. morphia gr. ¼ was subcutaneously injected. There was some oozing of blood through the dressings some hours later, which was speedily arrested by elevating the foot.

The patient slept well the following night, reaction being but moderate, a liberal use of wine having been granted. On the next day the patient was comfortable beyond expectation, free from fever, with a quiet and firm pulse. No pain was complained of, but merely soreness in the region of the ankle and foot. As the bandages were found stained with blood, the dressings were removed and the limb abluted with carbolized water and the dressings renewed. There was no swelling about the limb and no change visible with the exception of a slight erythematous blush over the dorsal face of the metatarso-phalangean articulation of the great toe, associated with a burning sensation. The subcutaneous injec-

tion of morphia was repeated and a liberal allowance of nutriment and wine was ordered.

It would be superfluous to continue the daily record of the case, as it went on without any unfavorable symptom. There never was any fever. Appetite and sleep were natural. Suppuration proceeded duly but kindly, and in moderate quantity, healthy granulations filling the bottom of the deep, bony cavity. The limb was but seldom removed from its cushioned splint, as it had been so arranged that cleansings and redressings could be made without disturbing the repose of the limb. On Nov. 28th my notes, which I took in the case, report: "That the wound has filled up, the cavity in the bones being obliterated; suppuration is very slight, and the granulating surface looks very healthy. The tent, however, across the malleoli is still retained, eliciting a feeling of bony roughness when moved. The deformity of the knee is gradually disappearing under the steady pressure of the cushioned lateral splints. The foot stands in the normal position, and the case is in every way gradually approaching perfect recovery."

Five weeks from the time of the operation the wound in the ankle-joint had closed; the seton, no longer grating against rough bone, was removed. A shorter splint, embracing merely the leg and foot, was now substituted for the long one. A few weeks later the patient was allowed to walk on crutches. In February following he began to walk upon his foot, free of pain, with motion of the ankle-joint and perfect control of the injured limb. The limb is still kept bandaged, while sheet iron splints support the lateral faces of the leg. The patient has recovered his usual health, and some months later was able to resume his occupation as laborer and support himself and family. I have seen him repeatedly since, making good use of his limb.

That the fracture of the limb after the accident had not been reduced needs no confirmation; that the limb had been left alone in nature's trust, unaided by any intelligent assistance, is equally certain, and that if it had been properly treated at first the patient would have been saved many months of useless confinement, discomfort and expenditure, as the history of the case shows that the patient, though apparently of feeble constitution, was the possessor of extraordinary recuperative powers, which, properly aided at first, must have proved as prompt and effective in restoration at the time of the injury as they have proved fourteen months after the accident.

The fortunate issue in the foregoing case, which, although hoped for under such unfavorable conditions, and in the face too of the conjoined opinions of many medical men to the contrary, was more rapid and complete than could have been expected, and deserves to be placed in the wreath of laurels which *conservative surgery* has achieved.

Gratified with greater success in the case than he had reason to anticipate, the surgeon may lay a higher claim on his exertions than he is justly entitled to, overlooking the fact that it is to the intrinsic and wonderfully recuperative powers of nature that justly belongs the first and greatest homage for such happy results. Like a victorious general who, fonding himself on the success of tactics and maneuvers, which he supposed had led his army to victory, meanwhile forgetting that to the spirit and bravery of the men under his command his success was mainly due, so too with the surgeon who, elated by fortunate results in such cases, may fail to give nature her proper due, instead of only reserving to himself the glory of having been able to serve her intelligently. Successes in cases like the one narrated will serve as broad landmarks in the surgical field, and should stimulate the votaries of surgical science to a still greater faith and a stronger dependence on nature's curative powers.

May we not hope that the time is not far distant when medical men, more fully impressed with this view, will labor in their avocation as true and diligent ministers of nature. Then, and not till then, will the science of medicine become simplified and easier of practice, and surgery will have attained to that high position, which with rapid strides it is fast approaching—*when mutilation in surgical injuries will be a reproach, and restoration be the rule of practice.*

PUERPERAL MANIA.

By M. M. Brown, M. D.

[Read before the Tompkins County (N. Y.) Medical Society, June 25, 1871.

This melancholy disease is one that does not occur very often, and it is well that it does not, for by its rare occurrence the physician, as well as the friends of the patient, escape much embarrassment. I have seen

but few cases in the years that I have been engaged in the actual practice of medicine, and shall not murmur if I never behold another. It is dreadful in my estimation for a mother to be bereft of her reason at a time when she so much needs to be clothed in her right mind.

The case which I propose to consider now is replete with interest to the medical man for several reasons.

I was called October 3d, 1870, to visit Mrs. M., in the town of Dryden, who had been confined some ten weeks previously, having given birth to a vigorous boy. She was put to bed by Dr. B, of Lansing, who stated to the friends, while in attendance, that the presentation was unnatural, and he should be obliged to turn the child before it could be delivered. It was accordingly done, and the patient was seemingly doing well when the doctor left her. It was noticeable shortly thereafter, however, that she was not in her right mind. She did not rave, but persistently refused to take food or drink and acted very strangely, stating that "she should not live and that she wanted to die." She paid no attention to her child, and never caressed it for one moment till a few days before she died, when she wished it brought to her bed, simply giving it a fond look and then motioning it from her.

She refused to talk, and only communicated her wishes by writing and motions. When asked why she did not talk and eat, she pointed to her throat, and then wrote that her "gullet was stopped up." By direction of Dr. B. she was not compelled to eat, he stating to the friends that nature would demand food in due season. The doctor bled her once in both arms, at what period in her sickness I am not able to state. He did it—so the family informed me—because the patient would not be satisfied till it was done.

But very little milk was secreted in the patient's breasts, and the child was fed from a nursing bottle. The bowels were very inactive, and little passed them from the very first. She was treated by Dr. L. of Etna, for a short time, and with no better success than Dr. B. of Lansing. He failed to make the patient eat or take medicine. So much for the history of the case as learned from her relatives.

Dr. W. L. WHEELER was in council with me when I first saw the lady, and he made a thorough examination and learned in part the history above given. We found her skin dry and hot, her pulse weak and frequent; her tongue dry and coated brown in the center, with fiery red edges; sordes on her lips and teeth; excessive fetor of breath; tenderness of epigastrium and hypogastrium; breathing rapid; head hot; eyes glaring, and dilated pupils. She had in reality been starved to death, having eaten nothing for thirty-one days. The only nourishment she had taken during the time was per-rectum.

Her bowels had not moved for two weeks, though she had frequent injections of warm water and beef-tea; her urine was scanty and high colored, with brick-dust sediment. I discovered white flocula also floating in it; no doubt degenerated mucus. She had experienced much difficulty in voiding her water, and I was compelled toward the last of her illness to use the catheter. We gave the friends but little encouragement, but thought if she could be made to eat and take medicine she had one chance in fifty, or such a matter, of recovering. She, no doubt, was suffering somewhat from uremic poisoning, when we first saw her. I had no such remedies with me as I wished to prescribe, thinking when I went there that I was only called for an opinion.

I visited her the next day, however, and prescribed pyrophosphate of iron, chlorate of potassa, and Fowler's solution; the iron to be taken in the morning, the potassa at noon, and the arsenite of potassa at night—all to be given in milk or beef-tea.

On my second visit I approached her with the child in my arms, and tried to get into her good graces, but failed to elicit any attention from her. I praised her babe, and told her I had come to cure her, that she might be restored to her friends in her right mind, and thus be able to bless her child as it grew up to manhood. She wrote on a scrap of paper that her mind was sound, and that she did not wish to recover.

I saw that it would avail me nothing to coax her, so I laid the child in the cradle and stepped to her bed-side, and told her she must eat, and trusted she would do so, and not put me to the trouble of forcing food down her. I further told her that I had a set of straps in my buggy that I used to tie refractory patients, and should tie her if she refused to

drink some milk, or such food as I choose to give her.

I ordered her mother to beat an egg thoroughly. I gave her to understand that she must drink it. I put my right arm around her shoulders, and placed the cup to her lips. She forthwith began to talk in a boisterous manner, which startled all her friends immensely —this being the first time she had spoken for several weeks.

She drank a part of the egg, and in three hours drank a few spoonfuls of sweet boiled milk. From this time on she took food and medicine till her death. The fetor lessened in her breath, the sordes left her teeth and lips, her tongue became clean, and she improved in many respects. We began to entertain hopes of her recovery. But her kidneys failed to act, and she fell into a deep sleep, from the urea in the blood, from which she never awoke.

The pathology and history of this fearful disease are familiar to you all, no doubt, and comments thereon by one who has had so limited an experience as myself would be taking your valuable time for no material purpose. I have no doubt, though, that the primary cause of this woman's insanity was disease of the brain and its membranes, superinduced by toxemia of the blood. Toward the last she rolled her eyes fearfully, and had occasional strabismus. There must have been effusion of serum into the ventricles.

The late Dr. BEDFORD, of New York, gives it as his opinion that pueperal mania, in many instances, has its origin in the brain and its membranes. The symptoms indicating the phrenitis, he says, are as above given, viz.: rapid pulse, hot, dry skin, dry tongue with much heat in the head, etc.

ESQUIROL claims that child-bed mania most commonly is caused from prostration of the vital powers of the brain and nervous system, caused by some drain upon the various functions of the body, viz.: imperfect assimilation of food, derangement of the liver, stomach and bowels; also from excessive nursing of infant, loss of blood, leucorrhœa, etc.

In closing this article I shall simply call your attention to three points of interest: 1st. That if the proper means had been resorted to, the patient might have been compelled to take nourishment, and in my opinion her life have been saved. 2d. She should have had tonics, soporifics, nervines, and gentle aperients from the first of her illness, and should not have been bled under any circumstances. 3d. Bathing with warm water, at least three times a week; good nurses should have been constantly in attendance, and the gossiping neighbors should have been kept out of her apartment. Special attention should have been paid to her kidneys and bladder. Her urine should have been drawn, or otherwise caused to flow, at least once every twenty-four hours.

NOTES OF MEDICAL CASES.

By A. I. LAWBAUGH, M. D.

Of Phœnix, Mich., late Resident Physician of Long Island College Hospital, Brooklyn, N. Y.

CASE NO. I, GASTRALGIA.

During the month of August, 1871, I was called to see Mrs. P., of Lake Superior; a spare woman, 35 years of age; married but no living children, all having died during infancy; temperate in all respects, except the occasional use of beer.

On my first and subsequent visits I gleaned the following history: She has, for the last three years, been a sufferer from a very aggravated form of dyspepsia; at times a slight improvement, but no permanent alleviation of her suffering.

At the time of and previous to my first visit the imperfect action of the stomach was shown by the following train of symptoms; loss of appetite; tongue slightly ejected in its papillæ, and a whitish fur upon it; there is frequent vomiting of the food taken; or, if the stomach is empty, the fluid ejected is watery and of an acid taste and reaction; bowels irregular; a sense of oppression or weight over the epigastric region comes on after taking food, which increases in intensity until the ingesta are ejected by vomiting; her rest very irregular, and sleepless nights are a common occurrence.

The symptom most complained of was a constant severe pain in the epigastric region, increased on taking food, not by pressure, and never entirely absent. With all these symptoms were associated great languor and exhaustion.

Careful examination disclosed no appreciable disease or lesion of any organ or viscera, except such as is induced when the great organ of assimilation is disordered.

No organic disease of the stomach could be diagnosticated. Gastritis, both acute and chronic, were excluded by absence of fever, tenderness on touch over the epigastric region, of constipation, thirst, etc.; gastric ulcer, by absence of hematemesis, of localized soreness to the touch in the epigastric region; gastric cancer by absence of tumor, of fever, of hematemesis, of painful touch, cachexia, etc. Various forms and combinations of medicine and diet had been prescribed for the patient by the several physicians under whose care she had been, such as prussic acid, bismuth, nitrate of silver, nitric, and other acids, gentian, columbo, soda, and various alkalies, lime water and milk, etc., but all without any permanent benefit. I first faithfully tried arsenic, tincture nux vomica, and ipecac., but with no better success than my predecessors. Finally I prescribed, as diet, a medium slice of graham bread with a wineglass of porter, to be taken night and morning; as medication, I began giving hypodermic injections of strychnia, 1-120 gr. every third day.

The improvement was immediate and remarkable; patient rested better the first night after the injection, and the following day only vomited twice; after the second injection her diet was increased.

Altogether, four injections were given with the effect of almost entire removal of the gastralgia, and an entire cessation of the vomiting. The citrate of iron and quinine was prescribed after the discontinuing of the injections. The patient has not had any return of the pain or vomiting; both mental and physical condition are better than at any time since first attack, nearly three years ago.

What the action of the strychnia was in the economy I will not attempt to explain, but simply content myself with a statement of the facts. That it was purely neurotic in character was very evident; hence, probably, the curative action of strychnia.

CASE II.—DYSPEPSIA.

R. S., æt. 31, applied to me for relief from attacks of severe pain accompanied with vomiting, generally occurring an hour or so after meals, but frequently several times during the night; he could obtain but little sleep.

His countenance was natural, but his mind dejected; the tongue clean; bowels slightly constipated; urine normal. Nothing could be detected on palpation of the abdomen, but slight pain was produced in the epigastric region. Various forms of medication had been tried, but without much relief.

An easily digested diet was ordered, with two drops of Fowler's solution a short time *before* each meal. Treatment continued three weeks with perfect relief from all painful symptoms.

CASE III.—IRRITABLE STOMACH.

Maggie L., a bright girl of 10 years, was brought to me by her mother for relief from a condition which had very much impaired the health and strength of her daughter.

The symptoms noted were: A general feeling of hunger, accompanied by a sinking sensation in the epigastric region, which was relieved by taking food, but as soon as this was taken, and often even while engaged in eating, there would come on an urgent desire to evacuate the bowels.

The motions were either solid or semi-solid, and containing lumps of partially digested food and even some scarcely more than masticated. Fowler's solution was ordered for her in two drop doses a short time *before* meals. The medicine was continued five weeks, and a perfect recovery followed. In gastralgic and irritable neurotic conditions of the stomach I have derived much benefit from one to two drop doses of Fowler's solution taken on an empty stomach.

CHLOROFORM MODIFIED BY WHISKY.

By H. L. U. Burritt, M. D.,
Of Bridgeport, Ct.

I have been for some time trying (since suggesting the use of spirits as a safeguard from the effects of this anæsthetic in the Reporter several years ago), the effects of large doses of stimulants in shortening and in modifying the stupor of chloroform, and making its effects none the less certain, and the danger (as I consider it), far less; and I have come to the following conclusions from quite a number of experimental cases: 1. That premising the use of brandy or whisky in any case, the use of chloroform is comparatively safe. 2. That when a large quantity of the stimulant is given, the depression is less, and the recovery from the anæsthetic proportionally rapid. 3. That the remote cerebral effects, often fatal from chloroform, are less to be dreaded. I give these positions for the trial by, and the approval of, the pro-

fession, if they find the results I have thus far. I give three illustrations.

Mr. L. C. was operated on for the removal of a minie ball from two inches in depth in the upper left hypochondrial region, where it had lodged. Having fractured the scapula badly, and having ulcerated its way, after being carried eight years, since the battle of the Wilderness, in the body, being ragged in form, and having made itself the nidus of a very large, hard tumor, it was determined to search for and remove it.

The man, æt. 28; of fair health and flesh, and of light complexion, was given five ounces of whisky ten to fifteen minutes before the operation, then three drachms of chloroform in the usual manner; he showed evidently the exhilirating effects of the stimulant, and came under the power of the anæsthetic rather slowly in fifteen minutes. The incision, evacuation of pus and extraction of the ball was about as long as to time; and before he had been under the effects twenty minutes he rallied, arose, called for the ball, sat in a chair, and seemed lively and natural as ever; head clear, etc. Said: "I feel perfectly well, except for backache," and walked around the room. His pulse was quickened, but at no time small or weak during or after the operation. The patient was not used to stimulants, and it will be seen the dose was a large one. It seemed that the man had been in no danger whatever from the trial; he had none of the deadly paleness, quick, feeble pulse and short respiration, that often trouble the nerve of good surgeons. I believe that he could have been kept under the anæsthesia an hour, if necessary, without the least danger.

Case II.—A boy of nine years; very pale; of weak constitution; was accidentally shot, at 500 feet distance, by a small pistol ball, which carried with it pieces of clothing, and formed an immense abcess in the posterior femoral region of the left leg. The leg was much contracted and painful. One and a half ounces of whisky roused him well and flushed his cheeks. In ten minutes the chloroform (℥ij) was given. In fifteen minutes the hand dropped and the incision was made. Before we could evacuate the contents (some five minutes), he rallied and cried out, withdrawing the limb; ℥j more put him again to rest. Ten minutes, and the finger cleared the immense cavity of its contents—shreds of cloth, etc. His pulse was fuller, stronger and more regular, and his color better after than before the operation. He called for water, and drank, and there was not the slighest nausea after the operation, nor any effect perceptible from the large quantity of the chloroform given.

Case III.—Mrs. S., a young woman æt. 25; small in size; light complexion and full habit; had, after a natural labor, everything being clear, and the case seeming favorable, puerperal convulsions. The friends had given, before I saw her, after the labor, a tumbler of whisky and water half and half, as they said, as she complained of dizziness and other symptoms, as they supposed from faintness. The convulsion was very violent, and lasted, as stated to me, for half an hour.

She lay in a semi-unconscious state with subsultus; pulse, 112, and all appearance of convulsions returning. I gave ℥iij of Squibb's chloroform. She fell into a deep, natural sleep; pulse fell to 90, and in 40 minutes awoke quite bright, asked for water, and looked natural. As she had flowed freely I ommitted bleeding, and with ℥j bromide potass., daily for three days and gruel diet, made a good recovery. The result, so different from all my previous experience, I think was largely due to the effect of the stimulant. I should mention, however, she had taken small doses of whisky for a month before with her dinner. I submit these immature ideas to the notice of the profession.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Professor Gross.

December 30, 1871.

REPORTED BY RALPH M. TOWNSEND, M. D.

Synovial Cyst Occupying the Popliteal Space.

A tall, gaunt farmer of New Jersey, aet. 39 years, presented himself at the college clinic suffering with a tumor in the popliteal region. The growth was first noticed about nine years ago, when it was as large as a hickory nut. Since that time it has grown rapidly, especially during the last year, and at the date of his first appearance he could scarcely flex the leg to a right angle. There is comparatively slight venous enlargement over the mass; it fluctuates, but there is no pain upon pressure. Prolonged exercise, or excessively warm

weather, makes the part feel uneasy or dragging.

This tumor is exactly over the line of the popliteal artery, a vessel that, with the exception of the aorta, is more liable to aneurism than any other artery of the body; a fact that is, probably, due to the liability of this vascular trunk to calcareous and fatty degeneration, and the giving away, as a consequence, of its internal and middle tunics when its possessor actively exerts himself. In this way a tumor of immense size may be formed, extremely liable to rupture and extravasate its contents into the surrounding cellular tissue, thus constituting a diffused aneurism.

Such an affection as this last described is most common between the ages of 30 and 50 years, and, hence, this man's age does not contra indicate the presence of such a lesion; but had this affection been an aneurism of the popliteal artery, it would undoubtedly, left to itself, have destroyed this man long ago. Furthermore, there is an absence of pulsation, which is always present in the affection under consideration.

It might be a blood cyst, but such an affection is usually the result of some external violence, and nothing of that kind has been received in this case. From the history of the case, therefore, the lecturer took it for granted that the affection was a synovial cyst or bursa mucosa, formed in connection with one of the tendons in this situation.

Several operations for the relief of such an affection may be performed. 1. The sac may be punctured, its contents evacuated, and then injected with some irritant fluid, as one drachm and a-half of the tincture of iodine to three drachms of water, to provoke obliterative inflammation. 2. A seton might be introduced. 3. By a free incision the sac could be laid open and a tent introduced to cause deep seated granulation. 4. Instead of introducing a plain tent, lint wet with equal parts of the liquor of the subsulphate of iron and water could be used. Dissection of such a tumor is not to be thought of, for although it does not probably extend into the joint, yet it lies in such close contact that the intensity of inflammation provoked by its removal might readily extend into the articulation.

An incision was made into the sac, and a quantity of sero-sanguinolent fluid escaped. After its contents had been thoroughly evacuated, lint wet with Monsel's solution and water, in the proportion above given, were plugged into the interior of the sac. The man was immediately put to bed, given half a grain of morphia subcutaneously, and the leg placed in a flexed, easy position, and covered with a strong solution of lead and opium.

A tumor in this situation, although unconnected with, might receive the pulsations of, the popliteal artery, and thus mislead the surgeon. The history of the case, in such an event, would have much to do with confirming the diagnosis.

[*Jan.* 13, 1872.—This patient, previous to leaving the hospital, was brought before the class by Prof. PANCOAST, to show the result of the operation performed by Prof. GROSS. The parts occupied by the tumor and its liquid contents are entirely filled up by granulations, and the operation has, therefore, been attended by complete success. Prof. PANCOAST, in a few remarks, said he regarded this tumor as some elongation of the proper synovial membrane of the joint. R. M. T.]

Sebaceous Tumor.

Mrs. E. S., æt. 48 years, has a lump upon the forehead, which has existed for two years; it looks like a red gooseberry. It is inflamed, pains, and causes fire to fly before the eyes. It is growing, and demands removal. This affection is simply an inflammation of a sebaceous follicle, with retention of its secretion. A tumor of this kind is popularly known as a wen; but among professional men the different character of its walls and contents has caused it to be variously denominated encysted, atheromatous, meliceric, steatomatous, and follicular. A molluscous tumor, called from its resemblance to the knot on the bark of a maple tree, is developed by inflammation of the sebaceous glands, and as a consequence thereof, rapid secretion and accumulation.

Such a tumor is generally of a round or oval shape, of a soft, spongy consistence, and of a reddish-brown color. It is most commonly met with in adults, although children are frequently subject to it. A sebaceous tumor, on the contrary, owes its primary origin to some obstruction of the mouth of its follicle. The retained matter gradually increasing in quantity, presses upon and expands the gland wall, until the latter may finally attain the size of an orange. The contents of the tumor variously consist of the true sebaceous matter, hairs and calculous material, as phosphate and carbonate of lime.

In recent cases the wall of the sebaceous tumor is generally soft and delicate, but it afterward becomes thick, tough and fibrous. Childhood is the most common time for the development of these formations. Thorough excision is the only remedy for a growth of this kind, as any portion of the cyst wall left will become the nidus of a new formation.

[A single incision was now made across the tumor down to its walls, and the flaps on each side carefully dissected back. In endeavoring to enucleate the growth the sac-wall burst, and the cheesey contents were discharged. This made the remaining dissection of the sac somewhat tedious. Prof. PANCOAST, in dealing with this kind of tumor, says that whenever he feels that the contents are soft and mushy, he is persuaded that the sac-wall is in the same condition, and in these cases he does not attempt dissection, but makes an incision

right through the tumor, turns out its contents, and then thoroughly scrapes its interior. When the contents of the tumor are of greater density he makes a curvilinear incision in the skin and then dissects down under the tumor; this procedure enables him to finally turn back the curvilinear skin flaps with the tumor adherent to its under surface, whence it is easily removed.—R. M. T.]

After showing the successful results of some old cases, previously reported in these pages, Professor GROSS announced to the class that this would be his last clinic during the continuance of the present session of lectures. The prevalence of the small-pox has made the clinic barren of country cases, thus depriving the class, probably, of the chance of witnessing many capital operations; but the cases that have been brought into the arena are those that will first demand the skill and attention of those who will so soon wrap themselves in the cloak of the profession and take upon themselves the active duties of the practice of medicine. There has not been a single death among all the cases treated. In closing, the professor said: "I thank you most cordially for the courtesy shown me in this room during the present term. You have been most orderly and gentlemanly. My very illustrious colleague, Professor PANCOAST, will take my place to give you the results of his vast experience."

EDITORIAL DEPARTMENT.

On Sick-Headache.

Dr. SAMUEL WILKS, F. R. C. P., F. R. S., Physician to and Lecturer on Medicine at Guy's Hospital writes in the *British Medical Journal:*

The subject of sick-headache is one in which I take a personal interest, having been a martyr to it all my life, and having, in consequence, too often had to compare notes with those who have been like sufferers with myself, whether they have been friends or patients. It is important to possess a correct idea of what is intended by the name, for I have often met with medical men who have no other knoweledge of a sick-headache than what is implied in the term bilious attack, or the headache which follows the eating too good a dinner. A headache following a debauch or too much wine is common enough, and may happen to any one; also the headache in peculiar idiosyncracies, from eating some special article of diet, and which, probably, has a gouty origin. But the true sick-headache, which I take is almost equivalent to hemicrania or migraine, is a purely nervous affection, and occurs generally in the most temperate livers, and thus is often totally misapprehended by those who only think of headache as a symptom of stomach-disorder. It is for the most part hereditary, runs in families, and is due to a peculiar nervous temperament. Whatever produces a strong impression on the nervous system of such an one pre sposed will cause an attack, and it may thus be induced in a hundred different ways. Consequent y the sufferers from this complaint often make it the whole business of life to avoid moving a single step out of the even tenor of their way, so as to prevent as far as possible, even concurrence. The visit to the theatre, the concert-room, or the dinner-party, is always followed by headache, for the excitement, the altered temperature or vitiated air, are all equal to its production; but even less than these is sufficient, for any strong impression on the special nerves will produce it. as a loud noise, an hour's visit to a picture-gallery, looking through the microscope, odors of various kinds, as of spring flowers, and even the testing of some substances; also exposure of the body to the sun or a strong wind; moreover, various moral causes and worry are sure to be followed by the familiar headache.

The true cause, then, of sick-headache, lies deep in the patient's idiosyncracy, and is developed by a hundred different causes. The advice, then, to sufferers is to give as much tone as they can to their nerves by adopting all those methods which experience has shown to be good, and then avoid, as far as is practicable, all those causes which are known to excite an attack. I need scarcely describe a sick-headache—how one rises in the morning more dead than alive, perfectly unable to swallow the smallest particle of food, and often perhaps actually sick; how the head throbs, and the pain increased by the slightest movement; how speaking or doing is a burden beyond bearing; how one prays to be left alone in the utmost quiet, so that he may, if possible, sleep. To other persons the sufferer looks extremely ill, very pale, dark around the eyes, and with contracted pupil. To himself his head feels hot, and the application of cold is much refreshing. The clamminess in the mouth, the nausea, and general gastric disturbance, are secondary, and have no connection with any improper meal, and thus is in no way relieved by the too frequent and ignorantly administered purgative. This is not needed, and has no good result. The only remedies which are of any avail are those which act on the nervous system, such as hot

tea and coffee; or, after the stomach is quieter, and the more urgent symptoms have passed off, a little wine or ammonia. If the headache take more the form of hemicrania, then remedies are occasionally useful, as the local application of the bisulphide of carbon, or galvanism, and internally the bromide of potassium. This is the only drug which I have really seen to be serviceable. Whilst the nausea exists and the worst symptoms prevail, even this remedy is of no avail. So little can we prejudge the value of medicines, that I have even been willing to administer any remedy which can be proposed; and thus not long ago I myself swallowed with great faith a specific powder sent me by a friend from Vancouver's Island; but, alas! it must be catalogued with all other remedies for sick-headache—it was useless. As regards tea and coffee, which often relieve, it is possible that these and other stimulants, taken in excess, render the nervous system more susceptible to the attacks; and I believe I am right in saying that it was Mr. Martyn, of Brompton, who informed me of more than one person who had entirely lost his headache from leaving these off.

The various influences spoken of, acting through the different parts of the nervous system, impress immediately the sympathetic, and so alter the current of blood through the head; thus, while the face is pale, the larger vessels are throbbing, the head is hot, and the remedies which instinct suggests are cold and pressure to the part. In fact, of all the means which have been used to cure this trouble, the only one on which we can rely to procure relief is the wet bandage tied tightly round the head. The method must be instinctive, for it is universal, and has been from all time. As our Shakespeare is often quoted to illustrate the morbid states of the body as well as the passions of the mind, he may be again conjured up to testify to the ancient practice of which I have been speaking. For example, in the scene between Hubert and Arthur in *King John*, the latter, when petitioning for the preservation of his eyes, says:

"When your head did but ache
I knit my handkerchief about your brows."

And in *Othello* we have not only the remedy for headache given, but the cause. The former was the handkerchief about which the chief interest of the play centered.

"Desdemona—Why do you speak so faintly?
Are you not well?
Othello—I have a pain upon my forehead here.
Desdemona—Faith, that's with watching; 'twill away again.
Let me but bind it hard, within this hour
It will be well."

The substance of this communication is, that sick-headache is not to be cured by gastro-hepatic remedies. It is a purely nervous affection, and due entirely, in my experience, to heriditary predisposition, and excited by causes innumerable which act on a susceptible nervous system. There is, then, no cure, in the proper sense of the term, for this would imply a change in the patient's nature; and for the attacks themselves, when severe, the only relief which can be reckoned upon is to be found in a wet bandage round the head, profound quiet, and, if possible, sleep.

Chronic Dysentery treated by Chlorate Potash.

Dr. E. Z. SHACKLETON writes to *The Clinic* the following cases:

Case 1.—Mrs. A., German, aet. 29, well nourished, was attacked July 11th with dysenteric stools, bloody and frequent. Some tenesmus and tormina. Treated herself with domestic remedies until July 22, when I was called to attend her. Found upon examination the disease had passed into the chronic form. Stools frequent and small, presenting a purulent appearance, flakes of lymph, etc. Tenesmus and tormina greatly increased. Abdomen full, tender upon pressure. Prescribed

℞. Ol. ricini, ℥ss.
Ol. terebinth.,
Tr. opii, aa. gtt. x. M.
To be taken at once.

This caused evacuations of scybala smeared with a muco-purulent material.

Having had good results from the administration of pot. chlor. in several previous cases, I determined to resort to it at once; accordingly, I prescribed pot. chlor. ten grs. every 4 hours; together with 1-5 gr. morph-sulph. sufficiently often to ensure freedom from pain. Saw patient again on the 23d, when she expressed herself as feeling much better. Stools not so frequent, tenesmus and tormina not so great. This treatment was persevered in—except as pain became less, when less morph. was given until wholly stopped on the 25th. August 1st she was dismissed cured; discharges having become healthy in appearance, abdominal pains absent, etc. From this time she rapidly gained strength.

Case 2.—Fred. K., also a German and well nourished, æt 55. Called to attend this man July 23; found he had been suffering with dysentery four days; stools frequent, small and bloody; lower bowels full. Gave full dose of mag. sulph. to carry away offending accumulations, and deplete inflamed mucous surface; operated promptly and fully. Patient not improved; gave opium and plumbi acet., fomentations to abdomen; also injections of tr opii in thin starch water to relieve tenesmus, which it did to some extent; treatment continued until 26th; patient no better. Then changed to the ipecac. treatment, ¼ gr. Morphia to quiet stomach, and in ten or fifteen minutes gave 20 gr. dose of ipecac. which was tolerated; gave this every 4 hours; continued this until 30th; discharges less frequent, but present a purulent appearance. Patient considerably debilitated. Stopped ipecac. and substituted pot. chlor. gr. x every three hours. Morphia sufficiently often to ensure rest. Continued treatment until Aug. 7th, when patient came to my office saying he was perfectly well.

Arsenic in Menorrhagia and Leucorrhea.

Dr. J. H. AVELING, in an article in the *British Medical Journal*, says:

The preparations I have usually employed are two—the liquor arsenicalis; and the arsenious acid in granules, each containing one *milligramme*. This latter is an elegant form of administering the remedy; for, as it has to be taken at meal times, the granules can be placed on the tablecloth, wrapped in a morsel of bread, and swallowed unobserved. Considerable difference of opinion exists as to the best mode of giving arsenic, some employing large doses in quick succession, and others small, extending over a long period. Aran says: "The rapid mode of administration is better than the long continuance of small doses, because the economy habituates itself to the latter, and the therapeutical effects may be lost; and the proceeding has the additional disadvantage of leading more easily to the saturation of the economy, and consequently to intolerance." On the other hand, Sir James Simpson says: "Most reliance ought to be placed on small and very long continued doses of arsenic; and it is infinitely better and safer to trust to the curative effect of the long continuance of such small doses of this remedy, than to attempt to arrive at the same result by throwing in larger doses for a shorter time." Dr. Hunt says: "Large doses taken for a short time produce much distress, without the desired effect on the uterus." The plan of small and long continued doses is the one which I have always used; and the result has been so satisfactory, that I have never thought of adopting the more rapid method. The doses with which I commence are from two to six drops of the solution, and from one to three of the granules, three times a day, at meal times. These are small doses, when we remember that a Styrian arsenic-eater has been known to take as much as five and a half grains of arsenic at once; but they are strong enough to commence with, and may be increased from time to time, as the necessities of the case suggest, and the patient's capability of bearing the remedy permits. It is advisable to suspend its administration occasionally for a short time. This, indeed, may sometimes be necessary, should diarrhea, nausea, or pains in the stomach supervene. It is also better not to discontinue the doses abruptly. They should be gradually diminished in quantity, and taken less frequently.

But, before endeavoring to explain the mode in which arsenic effects a cure in cases of menorrhagia and leucorrhea, it would be well to examine the primary pathological condition of the uterus which causes them. This condition is, in a great majority of cases, one of hyperemy, which has been defined by Andral, the inventor of the word, as excess of blood in the capillaries. Hyperemia of the uterus may have a physiological or a morbid origin—physiological, when caused by sexual excitement, menstruation or pregnancy; morbid, when it is the result of pre or post-inflammatory action, of traumatic, chemical or morbid irritation, of an atonic, obstructive, or hypostatic cause, or of heat, cold, etc. Of course I do not wish to deny that menorrhagia and leucorrhea may be produced by polypi, muscular fibroids, cancer, and many other pathological conditions; but I would at the present time draw attention more particularly to those forms of menorrhagia and leucorrhea which have a hyperemic origin, because it is in these that arsenic will be found most efficacious. In short, it is the morbid condition, of which menorrhagia and leucorrhea are but the secondary phenomena which I propose to treat with arsenic; for, if we can cure the former, the two latter must necessarily disappear. Yet I would not have it understood that these consequent symptoms are to receive no attention. Both must be checked when excessive. All gynæcologists, however, know how imprudent and injurious it is to stop abruptly discharges which are often nothing more than Nature's method of relieving the hyperemic condition of the parts from which they emanate. Hyperemia of the passive or atonic character is that which is most benefited by the use of arsenic. The uterus, when in this condition, is larger and softer than in its normal state. It is usually tender to the touch, but not always so. To the eye it appears of a deeper red than is natural. After death, the capillaries are found dilated, and the tissues tinged with red. Unlike the color produced by inflammation, however, this redness can be removed by careful washing.

A patient coming to you with her uterus in the state just described, will, in addition to a host of other subjective and objective symptoms, most probably complain of the too frequent recurrence of the catamenial period, of the excessive discharge at that time, and, in the intercatamenial period, of persistent and distressing leucorrheal flow. Now, in such a case as this, I should commence by administering two drops of the liquor arsenicalis, or one granule of arsenious acid, three times a day, at meal-times. This dose I should continue for a fortnight. If, at the end of that time, no conjunctival irritation had displayed itself, I should increase the dose to four drops of the solution or two of the granules; and then again, after another interval, to six, eight, ten, or even more drops, or granules in proportion, watching the patient, and being guided by her tolerance of the remedy.

Besides the general effect of arsenic already alluded to, the first result of this treatment will be the lengthening of the intercatamenial period; and it is remarkable how this is sometimes extended, one or two days being only gained at a time. By persisting in the remedy, however, the interval will become greater until it arrives at its normal duration. Occasionally the progress is more rapid, and the proper interval is at once attained. Besides the improvement in this respect, the amount

of the discharges will gradually decrease, and in like manner all the other hyperemic symptoms disappear. I have found it necessary to administer large doses, and cannot remember ever having produced any of the premonitory symptoms of arsenical poisoning beyond that of conjunctival tenderness. I have been obliged, however, to continue the remedy for several months, and have had to recur to its use more than once when the hyperemic symptoms have reappeared. In some cases, an excessive leucorrheal discharge has the effect of supplanting the catamenial. In these, the cure of the former has the result of removing the amenorrhea.

The Source of Nerve Force.

The *Journal of the Franklin Institute* says: Mr. J. St. Clair Gray is the author of a view concerning the origin of a nerve force, which he is very judiciously endeavoring to verify by actual experiment. The author, starting from the assumption that this power had in it an electrical element, arrived finally at the conclusion that its source is to be sought for in the sulphur and phosphorus in the animal system.

It is well known that phosphorus exists in considerable quantity in the brain, and that sulphur is present in the liver, while an alkaline fluid is in constant circulation between them.

To determine the fact as to whether a combination of similar elements would generate an electric current, he constructed a cell containing caustic potassa, in which were placed sticks of sulphur and phosphorus. Chemical action very soon set in. The phosphorus was soon converted into an oily mass, the sulphur gradually wasted away at the point of contact with the former, while potassa salts were formed in the solution. The operation was attended with the evolution of phosphuretted and sulphuretted hydrogens.

The action seems to be very gradual, since we are informed that at the end of three months it was still going on. The presence of an electric current in the cell was conclusively established by the electrometer, the electromotive force being found to be superior to that of the Daniell cell.

Having thus established one fact in favor of his hypothesis, the author next proceeded to test its truth under the actual conditions of life. The leg of a frog was prepared as a galvanoscope according to Galvani's directions. A rabbit was then chloroformed and through an incision in the abdomen an insulated copper wire was introduced into the substance of the liver, and another similar wire passed through the optic forearm into the brain. The free ends of the wires were then brought into contact with the exposed nerve of the frog's leg, when powerful convulsions were produced in it; a very clear demonstration that an electric current does exist between the brain and the liver. From these the author infers that the source of the current is the action of the alkaline fluid on the sulphur and phosphorus in these organs; especially since he has shown, from his experiment with the cell constructed on this principle, that the combination of these elements is capable of generating a very powerful current.

The experiments are still being continued, and we shall doubtless soon be informed either that subsequent investigation has disproven this ingenious theory, or that the source of nerve-force is discovered. The very obvious objection that sulphur and phosphorous do not exist *as such*, but as compounds, in the liver and brain, must, of course, be considered as militating against the author's views, until it is shown to the contrary.

The Exciting Causes of Hereditary Diseases.

Dr. ANSTIE describes four chief exciting causes of hereditary neuroses in the *Journal of Mental Science*.

1st. Deficient nutrition in childhood; 2d, preponderance of emotion over steady intellectual work, in the ordinary brain-life of an individual; 3d, the occurrence of phthisis more especially, but also of any disease which by involving protracted supperation, or in any other way, exerts a prolonged and steady depression of nutrition; 4th, unwise intermarriages.

1. Upon the subject of the defective nutrition of infants and children, it is not now-a-days necessary to dwell so urgently as it would have been a very few years ago. I fear, however, that there is still a large remnant in the profession of that extraordinaay and most tyrannical superstition—that children are liable to "grossness of blood," if well fed, which has in its day been ten thousand times more murderous to human life than was ever the cholera or the plague. How it was even possible for scientific men to forget that a child *not merely lives but grows*, I cannot guess: but without wasting more breath than is necessary for one hearty imprecation on the stupidity of some of our ancestors in this respect, let me implore every one present to do his part to establish it as an unquestioned rule of practice, that (with proper attention to obvious matters as to its *quality*) the food of children up to, and especially during the trying period of sexual development, should be practically unlimited except by the limits of appetite, or the occurence of positive and unmistakeable failure of primary digestion. And let this rule be enforced with most especial stringency in every case where the hereditary neurosis either confessedly exists, or from signs that we notice may be expected to revive.

2. The predominence of emotional over intellectual work, in the daily life, whether of

child or adult, especially when this is associated with an absence or insufficiency of that habitual physical exercise which is so necessary to preserve the vital balance of the organism, is a most serious cause of evil. It is confessedly most disastrous in its action upon persons who are distinctly of a neurotic family type; but it can itself apparently create that type, or rather, as I believe, merely revive the dormant mischief which descends from a now forgotten genealogical source.

The most intense type of this emotional ascendency is often seen in preachers of the rhetorical turn. I don't mean mere spouters, but really eloquent and earnest men, more especially if there mingles with their earnestness some considerable dash of ambition or love of spiritual power. And the neurotic result is apt to fall, as one might well expect it would fall, especially on the apparatus of circulation and of respiration. From inquiries that I have made, it is really appalling to learn how frequently clergymen of this type are partially or wholly disabled by neurotic asthma and neurotic angina pectoris. The first case that occurs to me is one which, from time to time in its treatment, has caused me great anxiety. It is that of a clerical gentleman, whose nervous system has really seemed, during a great number of years past, to be a mere playground for the whole tribe of so-called functional diseases. Thus, he has had spasmodic asthma for more than twenty years and for the last five years neurotic angina pectoris in addition; some of the earlier attacks of the latter were so severe as nearly to prove fatal. Moreover, the angina is complicated with singular vaso-motor paralysis in the arms, and with the occasional appearance of psoriasis on the palms of the hands. Again, it should be mentioned that this gentleman has always been very liable to facial neuralgia, and that the attacks of this are frequently complicated with erysipelatoid inflammation of the kind which I have shown* to be a secondary result of neuralgic affections. And, finally, it should be said that the general temperament of this individual is eminently "nervous;" he has all the sensitive feeling, æsthetic taste, and rapidity of thought, that so constantly distinguish the "artist born." So remarkable were both the mental characteristics and the pathological sufferings of this patient, that I confidently presumed we should find, on inquiry, a strong family history of nervous disease; and it was, at first, a regular knock-down blow to me when I learned that the case was *very much the reverse.*

This gentleman's information did not extend to more than two previous generations, and even for these was not absolutely complete; still he was very decided in saying that, during that period, it had been notorious that his family had been exempt from nervous diseases, and, indeed, rather specially healthy and long-lived. This discovery for the moment seriously staggered me, and even induced me to waver in the belief which I had previously, and which I do now, most firmly entertain—that all the so-called functional disorders have really an organic basis, and that that organic basis is something capable of being transmitted from father to son. I may add that, last year only, I saw another case of neurotic angina, also in a clergyman, of which the general history and features were singularly like those of my first case. But in my latest reflections on the subject, I have found it impossible that the morbid events, in either of these cases, was due entirely to the pressure of external circumstances, independently of any influence from original bodily constitution.

It is true that, in my recent work on neuralgia, I have spoken of these and similar cases as examples of the creation of the neurotic temperament; and, for practical purposes, such as I had then chiefly in view, it is often useful to regard them in that light. But in addressing you, gentlemen, who are biologists, and are in the habit of believing that *ex nihilo nihil fit*, one should speak more precisely. And as the clinical facts of these two cases are precisely similar to those of very many other examples of asthma, and angina, and of the closely allied trigeminal neuralgia, which have come within my knowledge, and in which there *was* a distinct neurotic inheritance, I cannot seriously doubt that the evil was simply dormant, not non-existent, in these two patients, from the moment of their birth. It is of course not only clergymen that suffer from emotional excitants, nor is excessive *religious* emotion the only kind that wears and strains the life of the medulla oblongata and spinal cord centers of the cardiac and respiratory nerves; one of the most striking examples of neurotic angina that I ever saw occurred in an exceedingly able man, an engineer, who had suffered keen anxiety and disappointment at the failure of certain important schemes. There, too, the source of neurotic inheritance was not immediately obvious; but it existed, nevertheless.

3. The intrusion of *phthisis* into an individual case, or into the history of a family, has often a more disastrous influence in evoking a hereditary neurosis that was previously quite or nearly dormant. I commend to your attention, in this respect, the first of the medical genealogies (that of one of my sciatica patients) given in my work on neuralgia; it will be seen that the marriage of a somewhat neurotic person with a phthisical lady was productive far more strikingly of neurotic than of phthisical tendencies in the descendants. I could produce other instances, equally noteworthy. It does not seem to me that there is anything more special in this influence of phthisis in heightening family neurotic tendencies, than is accounted for by its position as *facile princeps* among debilitating

* *Vide* Reynolds' System of Medicine, vol. ii. Art., "Neuralgia;" also my book, "Neuralgia, and Diseases that resemble it."

constitutional diseases. In this respect I decidedly incline rather to the view which (if I understand him rightly) Dr. Bladdford takes in his interesting lectures on insanity, than to that of Morea, of Tours, who, in his "Psychologie Morbide," seems to me to make an unnecessary mystery of the connection between the strumous diathesis and the neurotic cycle of diseases.

4. Lastly, among the influences which, if any can, do most undoubtedly assist the resurrection of that long-buried neurotic family temperament, we must certainly reckon the results of imprudent marriages. We have only to reflect on the continual intermixture of families which goes on, to perceive that small portions of the neurotic tendency must really by this period of the world's history have infected nearly every family that exists. Thus we must suppose that the essential elements of a potential neurosis exist, at any rate in the dormant form, on every side, and we are bound to seek some explanation of the fact that so many families escape, for generations together, anything like severe or active outbreaks of the neurotic tendency. I cannot doubt that the preservative agency is to be found, to a large extent, in the regeneration of families by the infusion of fresh and healthier blood by marriage. Surely the results of the opposite course are to be traced in the notorious facts on which is based the half-popular, half-scientific view that the marriages of first cousins are followed by the birth of unhealthy children, and that insanity and phthisis are especially often the curse of such offspring. I have seen nothing to lead me to believe that this really occurs, except in the instance where the family, two members of which thus breed in, is, or has been, somewhat strongly infected with the neurotic or the phthisical tendencies. But, doubtless, the reduplication, in the children of a husband and wife who belong to the same distinctly neurotic family, of the physical qualities that are the bane of the race, must multiply, in geometric rather than arithmetic ratio, the chances of disaster.

On Mortuary Records.

The importance of accurate death returns cannot be too strongly insisted upon. An excellent article upon their value is contributed by Dr. H. EULENBERG, to the *Vierteljahrschrift fur Gerichtliche und Offentliche Mediein*, Oct. 1871. He proposes a scheme for the death return, which we reproduce, believing that the more constant uniformity observed in such statistics, the more useful they will prove. The following headings are to be filled by the attending physician:

1. Family and Christian name (sex and color).
2. Age (date of birth; if a fœtus, the month of pregnancy).
3. Still-born (with or without professional assistance).
4. Birthplace and religion (how long a resident).
5. Cause of death (primary; secondary).
6. Day and hour of death.
7. Occupation, business, or profession (if a child, occupation of parents).
8. Family relations (married, unmarried, widow or widower, divorced; in children, legitimate or illegitimate; in infants, fed from the breast or bottle).
9. Was the deceased assisted by public aid or otherwise.
10. Residence (in children, of parents; street and number; which story; front or back building; how long in the house).
11. Was the deceased personally known to and treated by the physician.
12. Remarks (manner of life, hereditary tendency, when and how the disease was contracted, etc).

Reviews and Book Notices.

NOTES ON BOOKS.

——The *Aldine* is the prince of illustrated papers. An enterprise that so successfully encourages one of our finest and most popular arts should receive encouragement. The engravings (wood) are of the highest order, and are in excellent taste. The letter-press contents are interesting and instructive. The principal engravings in the February number are Zekle's Courtin', true to the life; The Monk's Oak, a perfect gem in landscape; Music in the Alps; An Old Mill in Wyoming Valley; Manifest Destiny; a wild chase on the prairie after a wounded buffalo, by an Indian and a white man, with an impending conflict over the poor victim. This is a full page engraving, as is also an exquisite landscape scene, Morning on the Ausable. The supscription price is $5.00 a year with an oil chromo premium.

—— From A. WINCH, 505 Chestnut street, Philadelphia, we have received the Old Franklin Almanac for 1872. It is a well-known favorite almanac, containing much useful historical and statistical information in a small space. The *Public Ledger Almanac* for 1872, issued for the benefit of the supporters of the *Public Ledger*, an excellent daily newspaper of this city, is well edited on all subjects pertaining to almanacs. It contains much local information of value and importance. The *Tribune Almanac* is well-known as the most complete political register that is issued in this country.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 3, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SOME REMARKS ON LONGEVITY.

We recently reported the instances of longevity in this city which have come to our notice through a daily journal. There is always a great degree of interest attached to such examples of what our systems are capable of enduring. "With long life will I satisfy him," is one of the scriptural promises to the righteous man.

There are writers who have cast doubts on the truth of reputed centenarian longevity. But examples of considerably longer lives than a hundred years can be authenticated beyond peradventure. A recent case in point was THOMAS GEERAN, who died at Brighton, England, last October. His life has been published by the St. James Literary Company, Brighton, and a tolerably careful *post-mortem* was made by Dr. TUTHILL MASSEY, of that city.

Thomas Geeran enlisted in Waterford; was present at the capture of Seringapatam, in 1799; at Coruma, in 1809, he received two gunshot wounds below the left knee; at Vittoria, in 1813, a severe sabre cut in the head. He escaped through Waterloo, and entered Paris with the victorious army; was discharged, invalided, from the 71st Highlanders, in 1819, with 114 days' pay. At the date of his death he was one hundred and five years and six months old. He was active, and retained his faculties and his love of life to a very short period before his death, which was caused by serous apoplexy.

At the autopsy his body appeared well proportioned but thin; skin clean and white, without any appearance of hair; the abdomen sunken and changing into a greenish tinge; limbs strong and extended; skin adhering closely to the sternum and ribs; pectoral muscles were of a bright pink; bony chest, elastic, the knife running readily through the cartilages. The ensiform cartilage was elastic and prominent. There was some difficulty in raising the breast-bone, on account of close attachments by dry cellular tissue to the anterior mediastinum. After a very careful dissection through a thick membrane, the heart was found firmly encased in the pericardium—the result of some former inflammation; the lung on the left side adhered to the ribs and pericardium. The heart appeared small and felt firm in texture; valves healthy; columnæ carneæ dense and of a bright red. The pulmonary artery had a thick bluish-black clot of crassamentum occupying its circumference from the semilunar valves; no osseous formation visible or to be felt; lungs were of the dark mottled gray of old age, otherwise healthy and elastic.

For seventy or eighty years the old man had been accustomed to take a morning glass of rum, and a gill or two of gin daily. In fact his weakness was for alcoholic stimulants. Hence his liver was carefully examined. It was not of the usual hepatic color; in this case it presented a deep purple-black, with a smooth shining surface, to the touch more elastic, and, if anything, slightly enlarged. It did not cut like ordinary liver, for all the structure and the vessels gave more the idea of the black carbonized lung of the coal-miner, except that here the color was due to coal-black blood, thick as black-currant jelley,

which oozed out. The thin edge of the liver had a dull leaden hue, due to the change since death. The gall-bladder contained some dark-colored bile. The duodenum and pyloric end of the stomach felt hard and irregular, and the structure was changed to the extent of three or four inches into carcinoma, with one ulcerated patch.

The genito-urinary organs were healthy, and, it is said on good evidence, exhibited functional activity up to two years ago. Old Thomas Parr, at 105, did penance in a white sheet in Aldersbury Church for an illicit amour with fair Catherine Milton, on which the poet Taylor wrote:

"Should all that so offend such penance do,
Oh! what a price would linen rise unto!"

Still more remarkable was the age attained by Mr. Harvey Thacker, who died also last autumn, and must have been at least a score of years older than Geeran. We should be glad if the brief account we have found of him were amplified and attested by some of the medical men resident in California, where he died.

Harvey Thacker, a son-in-law of Daniel Boone, was born in Buncombe county, North Carolina, somewhere about the year 1743—128 years ago. The Chico (Cal.) *Review* says that he died at the residence of his son Harvey (aged seventy), in Shasta county, California, about the middle of September, 1871. He is supposed to have been the oldest man in the United States, if not in the world.

No mention is made of his life record during the Revolutionary war, though he was just thirty eight years old when that war broke out, but he is said to have served, after he was seventy, under General Jackson at the battle of New Orleans, under Harrison at the battle of Tippecanoe, and also in the Black Hawk war in Illinois.

But there is an example, and we understand a well authenticated one, of a longevity considerably beyond Thacker's, in our country.

This was Joseph Crele, who died January 27, 1866, in Caledonia, Wisconsin. He was born of French parents, in what is now Detroit, in the year 1725, as the record of his baptism in the Catholic church in that city establishes beyond a doubt. He lived, therefore, to the age of *one hundred and forty-one years*.

He was of medium height, spare in flesh, and of sinewy strength. Until within two years of his death he could walk several miles without fatigue, and chopped all the wood needed for the family use. His life has been passed in open air, in hunting, fishing and trapping. He was temperate, except that he was an inveterate smoker.

Like many others who have attained great age, he married a young woman, when far advanced in life, and had a daughter, when he was sixty-nine years of age. The only weakness of mind he ever betrayed was in the last year or two of his life, when he occasionally remarked, with an air of sadness, "Death has forgotten me." But he would soon brighten up, and add, "But God has not."

As curiosities of history, if for no deeper reason, all such instances merit careful preservation in medical records.

Notes and Comments.

Earth Dressings at Guy's Hospital, London.

Mr. FRANK F. ROWLAND, of Media, Delaware county, Pa., formerly a student of the Jefferson Medical College, and a constant attendant last winter at the Pennsylvania Hospital, but now attending the clinics at Guy's Hospital, London, writes to a friend and fellow student thus:

"You must not neglect to tell Dr. HEWSON that I have made a victory for his treatment, with his clay, in Guy's Hospital. While going around the surgical wards, I remarked to one of the dressers that I had seen some very remarkable cures made of burns by its use in the Pennsylvania Hospital. After examining and cross-examining on the subject, they offered to let me try it on one of their worse cases. Before attempting it, I showed them a clinical report of Dr. Hewson, on burns, in the Pennsylvania Hospital.

"You might have seen me carrying a lump of clay across London bridge on my way to Guy's. It excited no little curiosity among the students when it was noised abroad that the American was going to try the 'American dodge' on a boy in one of the surgical wards. The case was a most unfavorable one for my treatment; however, I had faith.

"The patient is a boy who eight months ago received a burn extending over both arms from the fingers to the shoulders. Up to the time I applied the clay, it showed little or no disposition to heal. They would not permit me to put both arms in the dressing, so I asked for the most painful one. The application was made and the patient obtained the greatest freedom from pain since his accident. It gave such relief that the boy begged me the next day to put the other arm in the same dressing, which I did. I am very anxious for it to succeed, and will dress it for him as long as I stay here, after which others must do it, for the boy will have nothing else applied. The result so far has been more than my most sanguine expectations looked for."

The Mother of two Physicians.

Mrs. Southworth, the novelist, is thus chattered about: "Tallish in figure, with full forehead, well balanced head, thoughtful gray eyes, and a face denoting intellect of the deliberate, reasoning kind, she seems likelier to be a writer of the Martineau order than of the imaginative style. She has two children: Dr. Richard J. Southworth, a much esteemed physician of Georgetown, and Charlotte Emma Lawrence, the wife of Dr. James V. Lawrence, an officer in the United States Army."

Antidote to Liquor Poisoning.

The physician in charge of the drunkard's department of Blackwell's Island says that milk or eggs are antidotes for liquor poisons, and those who must drink liquor should mix milk or eggs with their "poison," which will take effect on those articles instead of the toper's stomach.

Increase of Intemperance in France.

At the last session of the Academy of Medicine Drs. MAGNAN and BOUCHEREAU gave the result of their research among the sick who entered the Sainte Anne Hospital during March, April and May, 1871, either because of tremens or paralysis. They endeavor to show that it is not alone by the larger number that the "alcoholists" of 1870–1 are distinguished from those of former years, but by the pronounced character of the intoxication. The most salient fact is the enormous proportion of persons struck down by general paralysis. Alcohol, during the month of May, 1871, furnished more than half the total contingent of insane to the asylums.

Wall Papers.

It having recently been stated, on the authority of a London analytical chemist, that English wall papers of all colors contain arsenic in some form, several well-known manufacturers of paper hangings in the United States wish it to be understood that their own colors and glue are entirely free from arsenic in any form, and are perfectly harmless and pure. An exception is made to the above general statement in the case of "Paris green," which contains a slight quantity of arsenic. This pigment, however, is only used to produce a peculiar green tint, and even then, it is claimed, the composition is so prepared that the escape of any particle of color from the wall paper is as effectually prevented as if the surface was encased with a thin sheet of glass.

Medical Education of Women.

This subject has again been brought to the attention of the authorities of the Medical University of Edinburgh, and permission for females to attend lectures and receive degrees under the same conditions as males, has been refused. The governors of the University, however, are willing that medical instruction should be imparted to women in strictly separate classes, provided the female students would be satisfied in receiving, after examination, certificates of proficiency in medicine instead of University degrees. Such certificates, it is stated, are granted by the London University.

Dr. Holland's Memoirs.

SIR HENRY HOLLAND, the well-known fashionable London physician, and now in his eighty-fourth year, has just published the recollections of his past life. Besides being

a laborious professional man he was also an indefatigable traveler, and visited almost every region of the world. It is mentioned as a curious coincidence, that in every country his visit was followed by an insurrection not long after. It may be remembered that Sir Henry Holland was attached to the party of the Prince of Wales during his journey through the United States in 1860, and that the great rebellion broke out in the year following.

Alcohol as a Medicine.

Dr. FORBES WINSLOW, the well-known writer on diseases of the brain and mind, has sent a letter to the London *Times*, stating that during the last twenty years he has seen numerous cases, more particularly among women, of an insane craving for alcohol, which could be traced to the injudicious use of stimulants given in the first instance medicinally. The unwise and prolonged continuance of the use of alcohol after the physician has retired from the treatment of the case, Dr. Forbes Winslow says, causes spirits to become a necessity of life, inducing habits of tippling and confirmed drunkenness, and eventually developing severe diseases of the brain and mind, and frightful disorders of the nervous system. Dr. Forbes Winslow speaks in the strongest terms of condemnation of the stimulating theory as applied to the treatment of acute inflammatory affections. He says that the habit of stimulation may be established by the occasional sipping of spirits of wine, cologne water, spirits of chloroform, spirits of ammonia or any of the medicinal tinctures as well as by drinking brandy, whisky or wine. Such opinions are not yet indorsed by the profession at large with us.

The New York Quarantine.

The report of the health officer of New York states that during 1871 there arrived at that port from foreign and domestic ports 9,576 vessels, subject to quarantine. Of these, about seven per cent. were detained longer than the time required for boarding and examination. Of the per centage named, 237 vessels had cases of contagious and infectious diseases aboard, and 466 had arrived from yellow fever ports; 124 were detained longer than five days, and 75 vessels were discharged at quarantine. There were 152 vessels detained on account of small-pox aboard, and on these there were 365 persons ill with the disease, and 82,438 persons were exposed to infection. Of these persons 74,000 were vaccinated by the health officers.

Cold Bathing.

A London paper says of the Serpentine in Hyde Park, London: "Every morning in the year, no matter how inclement the weather may be, there are bathers in this ornamental lake, and during the hard frost of last December, skating and bathing were going on at the same time, the ice having been broken with hatchets, in order to allow the latter sport to be enjoyed. On December 25th, the winter bathers' annual festival was held, and there was a swimming match for a silver cup, over a course one hundred yards long, and thirty persons contended for the prize."

The Course of Crime.

Not long since we adverted to the crimes of a notorious female abortionist in Albany, N. Y., who was protected in some measure by the press and the *profession* of that city. Since then she has proved herself a murderess of adults as well as infants, under the assumed name of McCarty. The Albany *Journal* makes the following remarks:

"This Mrs. McCarty is the 'female physician' of this city, known as 'Mrs. Burleigh,' some of whose professional work has given her considerable notoriety within a few months past. It seems that she travels about under different names—generally 'Burleigh,' but sometimes 'Seymour,' and, as in Utica, 'McCarty.' The police of Utica have telegraphed for her general character, but have no other particulars of the shooting than is given above. It seems there was a cause for the quarrel with the man Thompson, whom Mrs. Burleigh attempted to kill. Some three years ago he enticed her into a state-room on one of our steam-boats. The result, she claimed, was a daughter, now living, and she began to black-mail Thompson. Among other valuables she obtained from him was the house she recently occupied in Howard street. Having then refused to continue his benefactions, she informed his family of what had transpired. Upon this Thompson foreclosed the mortgage on the Howard street house, and on last Monday the woman became houseless.

She at once proceeded to Utica, and this murder is the result. The man she intended to kill will probably live. An innocent man was killed."

Correspondence.

DOMESTIC.

To Remove Tar, Turpentine, etc., from Objects.

EDS. MED. AND SURG. REPORTER:

By accident, I recently discovered a simple combination that will speedily and effectually remove from glass, porcelain, hands, or any part of the body, Venice turpentine, tar, pitch, or any sticky substance of a like nature that will resist warm water and soap. It is entirely harmless to the skin, and yet it will remove these substances as promptly and as thoroughly as soap and water will remove common dirt.

All are aware how difficult a task it is to cleanse a graduate after measuring any given quantity of Venice turpentine, or to remove the traces of a rather soft, sticking, or other plaster, from the human body. Now to let the "cat out of the wallet," here is the secret in a nut shell:

For Cleansing Glass.—An amalgam of the pulverized extract of licorice and oil of aniseed. This seems to combine with the turpentine, and it may then be rubbed dry and clean with a pledget of cotton.

For cleansing tar or pitch from the skin, make the mixture about the consistency of thick cream, and rub on thoroughly with the hand; then follow with a piece of good soap, a sponge and warm, soft water.

We give you this gratuitously on the condition that you inform us if it does not do what we claim for it.

A. D. BINKERD, M. D.

Parker's Landing, Pa., Jan. 10, 1872.

The Use of the Vertebrated Catheter.

EDS. MED. AND SURG. REPORTER:

The difficulty that heretofore attended the introduction of the catheter in retention of urine from an enlarged prostrate gland, led me to test Dr. SQUIRES' vertebrated catheter—which was presented to the State Medical Society at its last session, in this city, for consideration—and of which honorable mention is made in its transactions. Mr. A., æt seventy-two, for the last eight years had frequent retentions of urine from enlargements of the middle lobe of the prostate. It has averaged two paroxysms a year of fourteen days each, requiring relief twice in 24 hours. The channel was tortuous and the introduction of the catheter, so difficult that I ordered one of Dr. S. CALTERN. The introduction was so easy that the old gentleman purchased the catheter, and for two weeks relieved himself daily and now feels master of the situation.

I take pleasure in calling the attention of the profession, especially those who are living in the country, to the facility with which unskilled hands can relieve themselves and avoid necessary suffering. The instrument is manufactured by Mr. Gemrig, of your city.

Very respectfully,

B. H. DETWILER, M. D.

Williamsport, Pa., Jan. 13, 1872.

Recovery after Excessive Use of Chloral.

EDS. MED. AND SURG. REPORTER:

I have noticed in the REPORTER several cases of poisoning by chloral hydrate. I now send you a case of my own, where a large dose proved to have no serious results.

Mrs. S., æt. 28; nervous temperament; primipara; weight, 95 lbs.; inclined to hysteria; has been in the habit of taking chloral to produce sleep for the last year. On the evening of January 5th she got very angry at her husband and went into hysterics. I was called in and threw one-third grain of morphia into the back of her neck hypodermically; in twenty minutes she was asleep. I gave directions to keep up the use of chloral when she was wild, and left. Her husband would tell me every day or two that she was quiet part of the time and raving at others.

On the 12th I was again called and found her vomiting, with signs of poisoning. On inquiry I found he had bought ʒj. every night and given it all until last night; he then found it was cheaper by the ʒ, and as he was a poor man he got the ʒ, and during the night gave her the whole of it. In short, she took ʒj. every day for six successive days, and then took ʒj. during the night. I ordered ʒss. iron, quinia and strychnia, as prepared by REED, CARNICK and ANDREWS, every two hours. In twenty-four hours she was completely recovered.

J. BUTTS, M. D.

Onawa, Iowa, Jan. 19, 1872.

The Preservation of Vaccine Virus.

EDS. MED. AND SURG. REPORTER:

I send you my simple method of preserving *vaccine virus*, for future emergencies.

Procure two pieces of glass about an inch square, one of which should be over an eighth of an inch thick. In the center of the thicker piece, with a carpenter's brace and a suitable drill of hard steel, excavate a depression large enough to contain the scab, on which pour a few drops of glycerine, and then bind the two pieces together with wire or twine, and insert a wooden wedge under the place of intersection, and dip the whole in varnish. When dry it will keep for years in a cool, dark place.

GEORGE GOODELL, M. D.

Sykesville, Bur. Co., N. J.

News and Miscellany.

American Medical Association.

Office of Permanent Secretary.
Wm. B. Atkinson, M. D.
1,409 Pine street, S. W. cor. Broad, Phila.

The twenty-third annual session will be held in Philadelphia, Pa., May 7, 1872, at 11 A. M.

The following committees are expected to report:

On Cultivation of the Cinchona Tree—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On the Anatomy and Diseases of the Retina—Dr. R. F. Michel, Alabama, Chairman.

On the Comparative Pathology and the Effects which Diseases of Inferior Animals have upon the Human System—Dr. Geo. Sutton, Indiana, Chairman.

On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pennsylvania, Chairman.

On Vaccination—Dr. T. N. Wise, Kentucky, Chairman.

On Skin Transplantation—Dr. J. Ford Thompson, D. C., Chairman.

On the Nature and Process of the Restoration of Bone—Dr. A. L. McArthur, Illinois, Chairman.

On some Diseases peculiar to Colorado—Dr. John Elsner, Colorado, Chairman.

On Correspondence with State Medical Societies—Dr. N. S. Davis, Illinois, Chairman.

On National Health Council—Dr. Thomas M. Logan, California, Chairman.

On Nomenclature of Diseases—Dr. Francis Gurney Smith, Pennsylvania, Chairman.

On What, if any, legislative means are expedient and advisable to prevent the spread of Contagious Diseases—Dr. M. H. Henry, New York, Chairman.

On American Medical Necrology—Dr. J. D. Jackson, Kentucky, Chairman.

On Medical Education—Dr. J. S. Weatherly, Alabama, Chairman.

On Medical Literature—Dr. Theoph. Parvin, Indiana, Chairman.

On Prize Essays—Dr. Alfred Stillé, Pennsylvania, Chairman.

On the Climatology and Epidemics of—New Hampshire, Dr. G. R. Crosby; Vermont, Dr. G. B. Bullard; Massachusetts, Dr. E. Cutter; Rhode Island, Dr. Edward T. Caswell; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. E. M. Hunt; Pennsylvania, Dr. W. L. Wells; Maryland, Dr. C. H. Ohr; Georgia, Dr. A. J. Semmes; Missouri, Dr. W. S. Edgar; Alabama, Dr. R. F. Mitchel; Texas, Dr. S. M. Welsh; Illinois, Dr. David Prince; Indiana, Dr. Dugan Clark; District of Columbia, Dr. J. W. H. Lovejoy; Iowa, Dr. J. Williamson; Michigan, Dr. S. H. Douglas; Ohio, Dr. J. A. Murphy; California, Dr. F. W. Hatch; Tennessee, Dr. W. K. Bowling; West Virginia, E. A. Hildreth; Minnesota, Dr. Chas. N. Hewett; Virginia, Dr. A. G. Wortham; Delaware, Dr. L. B. Bush; Kansas, Dr. Tiffin Sinks; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Colorado, Dr. R. G. Buckingham; Oregon, Dr. E. R. Fiske; North Carolina, Dr. J. F. Haywood; South Carolina, Dr. M. Simmons.

☞ Physicians desiring to present papers before the Association should observe the following rule:

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and, with the advice of the chairman of his Section, to determine the time and order of their presentation, and give due notice of the same. . . . "

Officers of Sections.

Chemistry and Materia Medica.—Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Secretary.

Practice of Medicine and Obstetrics.—Drs. D. A. O'Donnell, Baltimore, Md., Chairman Benjamin F. Dawson, New York, N. Y., Secretary.

Surgery and Anatomy.—Dr. John T. Hodgen, St Louis, Mo., Chairman; W. F. Peck Davenport, Iowa, Secretary.

Medical Jurisprudence, Hygiene, and Physiology.—Drs. S. C. Busey, Washington, D. C., Chairman; E. L. Howard, Baltimore, Md. Secretary.

Psychology.—Dr. Isaac Ray, Philadelphia Pa., Chairman; John Curwen, Harrisburg, Pa., Secretary.

Secretaries of all medical organizations ar requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.

Railroad and hotel arrangements will be announced at an early date.

W. B. Atkinson.

Electricity and Nerve Force.

Mr. J. St. Clair Gray, of Glasgow University, Scotland, has recently observed the mutual action of sulphur and phosphorus in alkaline solutions, and the idea that such action might be the source of an electric current occurred to him. Accordingly he prepared a cell containing caustic potash in solution, and placed in it sticks of phosphorus and sulphur; and he found, half an hour afterward, that the sulphur remained unaffected, while the phosphorus had settled in an oily mass to the bottom of the alkaline fluid. Phosphoretted hydrogen, spontaneously inflammable, was given off during the first six days; but after this time the gas became somewhat sulphuretted, and no ignition took place. The

test by Sir W. Thompson's electrometer, made by a qualified assistant of that eminent philosopher, showed the electromotive force to be 162, while a Daniell, acting under similar conditions, exhibited 120 only. A remarkable feature of this battery was that the fluid phosphorus on being removed and washed, still retained its liquid state. Sticks of solid phosphorus, were introduced, and they not only did not help the liquor to solidify, but speedily became deliquescent themselves.

Mr. GRAY'S object was to obtain data to support a theory on the origin of nerve force, he being convinced that the power of the nerves had an electric element in it. He was induced to make the experiment described above by the well known facts that phosphorus is largely present in the brain and sulphur in the liver, and that an alkaline fluid is in constant circulation between them. He has tested this theory by experiments on a rabbit, and considers that he is justified in assuming that his explanation of the existence of galvanic action between the brain and liver is correct and well founded. We shall probably soon be enabled to lay further results before our readers.

Photographed Nerve-Sections.

Dr. DUCHENNE, of Boulogne, has presented to the French Academy of Medicine an album containing copies of photographs of the appearances presented by sections of the great sympathetic nerve, the spinal ganglia, the spinal cord, and the medulla oblongata greatly magnified. He fixed the photographs on stone by a process he terms photo-autography, the details of which, however, he does not communicate. It is satisfactory to find him stating that the results confirm the substantial accuracy of the beautiful drawings made by Dr. Lockhart Clarke on the central part of the nervous system, and especially upon the medulla oblongata. In his later experiments Dr. Duchenne has adopted Dr. Clarke's method of preparation with chromic acid and carmine. He states that certain micrographic details come out with wonderful clearness in the photographs, and that by this means some important additions may be made to our knowledge. He has ascertained that in the white substance of the medulla oblongata there are nerve tubules from thirty-three ten thousandths of a millimeter to three-hundredths of a millimeter in diameter.—*Nature.*

The Germantown Hospital.

The organizing meeting of the Board of Managers of the Germantown Hospital and Dispensary was held on the 16th inst., when the following officers were elected:

President—James E. Rhoads, M. D.

Secretary—Thomas Stewardson, Jr.

Treasurer—Norton Johnson.

Physicians to the Hospital—Wm. Darrach, M. D., T. L. Leavitt, M. D., A. F. Muller, M. D.

Attending Physician at Dispensary—Dr. Leavitt.

Outdoor Physicians at Dispensary—Drs. Leavitt, William Darrach, Muller and Fulton.

Germantown needs a large, well-endowed hospital. The enterprise is in good hands, and we hope the residents of that section of the city will not be lacking in giving it a vigorous, hearty support.

——Queen Victoria's life was rendered doubly a burden during the illness of her eldest son by the incessant stream of lotions, decoctions, and medicaments poured in for the salvation of the Prince. One quack, more impulsive and confident than the rest, rushed into the royal pew, and made an incoherent appeal to the good mother to accept his nostrum for her sick son, and life would, of a certainty, be assured.

MARRIAGES.

BUGBEE—ROBINS. At Elysburg, Pa., January 16th, by the Rev. S. C. Swallow, S. A. Bugbeer, Esq., of Mt. Carmel, and Miss Annie M., daughter of Dr. Joseph C. Robins.

CANNON—DALE. January 4th, by Rev. George Norcross, Harry P. Cannon, of Bridgeway, Delaware, and Miss Annie Dale, daughter of Dr. W. W. Dale, of Carlisle.

BAYLEY—HEMION. January 10th, at the residence of the bride's father, by the Rev. John Steele, Norman B. Bayley, M. D., of New Haven, Conn., and Miss Etta Hemion, of Preakness, near Patterson, New Jersey.

HOLBROOK—CHALMERS. January 17th, 1872, at the residence of the bride's father, New York City, by the Rev. Dr. Paxon, assisted by the Rev. Dr. Adams, Wm. C. Holbrook and Anna M., daughter of Dr. Chalmers.

SHEPARD—HUMPHREY. Brooklyn, January 17th, Dr. Charles U. Shepard, Jr., of Charleston, S. C., and Miss Ellen Humphrey, daughter of the late Hon. James Humphrey.

LEFFLER—HAIR. By Rev. W. Davidson, at the residence of the bride's father, Dr. Hair, of Millville, Ohio, Samuel P. Leffler and Miss Ibela J. Hair.

MCALLISTER—GOULD. In West Randolph, Orange county, Vermont, January 15th, Dr. J. McAllister, of Bernard, and Miss Rosa Gould, of West Randolph.

PALMER—MORTIMER. At Pottsville, Pa., January 23, 1872, by the Rev. Joseph McCool Charles T. Palmer, M. D., and Sue J., daughter of William Mortimer, Esq.

PANCOAST—MASON. At Norwich, Chenango county, N. Y., on the 19th ult., by the Rev. D. E. Lovendge, Dr. D. P. Pancoast, of Camden, N. J., and Hattie B., only daughter of Dr. Mason, of Norwich.

DEATHS.

ARNOLD. In Londonderry, New Hampshire, December 25, Mrs Betsey E., wife of Dr. Jeremiah Arnold, aged 64 years, 10 months.

BABCOCK. In New York city, January 22, in the 82d year of his age, Dr. Nathan Babcock.

GARRISON. Dr. Nelson A. Garrison, one of the founders of the Kings County Medical Society, died January 26. He was born in Brooklyn, where he practiced medicine for more than forty years.

MCWHINNEY. Suddenly, in this city, January 25, of apoplexy, Arthur McWhinney, M. D., aged 52 years, a native of England.

STEVENS. In Guilford Centre, Vermont, January 16, Dr. B. W. Stevens, aged 83 years.

HARBISON.—In Xenia, Ohio, December 25, 1871, of tuberculosis, Thomas B. Harbison, M. D., in the 48th year of his age.

SWEET. Suddenly, in Lowell, Vermont, January 6, Dr. O. P. Sweet.

WILSON. At Cadiz, Ohio, January 10, Dr. Martin Wilson, the oldest citizen of the place. He had practiced medicine there for sixty years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 780.] PHILADELPHIA, FEBRUARY 10, 1872. [VOL. XXVI.—No. 6.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

LEUCOCYTHEMIA, WITH REPORT OF A CASE.

Credo quod habes, et habes.

BY GEORGE A. WAY, M. D.,

Of Caldwell, Noble County, Ohio.

Read b fore the Meigs and Mason Academy of Medicine.

Jane D., an unusually bright, precocious child, æt. eight years, attended school regularly last fall and summer (1870), not missing a day of the terms, reading, writing and studying books that are usually considered to be too profound for eight year old brains to master. Every evening upon returning to her home, from school, she would complain of an intense, throbbing pain in the head, seated in the right side of the forehead, directly over the frontal eminence. This pain, as we have said, and as the child's actions plainly indicated, was *very* severe, and could be relieved, by the child's parents, in one way only, and that by continuous and firm pressure made by the hands grasped around the head, or by means of a tightly drawn bandage.

This pain continued for months, increasing daily; nevertheless the child was continued at school, and appeared never to be satisfied unless she had a book or paper in her hands. Finally, she began to lose flesh, grew thin and pale, was peevish and easily irritated, and had a tired, care-worn look, just as we would expect to find in a child whose brain was being so cruelly and terribly taxed.

This condition of affairs was kept up until about the first of December, 1870, when, on returning to her home from school, she was taken with an alarming epistaxis, and a physician sent for. The hemorrhage was profuse, and continued (although the doctor used all the skill of which he was master to check it) to syncope. After she recovered from her faintness, hemorrhage ceased, or, I should say, was arrested during the faint. The attending physician, without attempting to come to any conclusion as to the cause of the trouble, and stating that it was a "simple nose bleed to which many children are subject," prescribed iron and left, supposing that the child would come round all right after a few days rest and twenty or thirty doses of his favorite *bicarbonate*.

In precisely two weeks from the first hemorrhage, at about the same hour in the day, bleeding returned, and was not checked until kind nature again interposed a faint between life and death. The same physician called during the first attack was called again. This time his examinations were more critically made, but arriving at no positive diagnosis, he ordered iron in increased doses, and took the case in hands for treatment, and visited her for the next few days regularly, when from some unaccountable reason he neglected his calls; could not be found, though sought for high and low by the father of the child; and I was called upon and went, finding the case about as follows:

General appearance bad; child looked old and weary; face deathly pale, and prolabia bloodless; eyes wild and staring, showing at least two lines in breadth of the sclerotic covering of the eye-ball, between the upper border of the iris and the lower border of the upper eye-lid; face was bloated, and nose swollen, presenting that appearance denominated "frog faced;" abdomen greatly enlarged, especially over the region of the liver,

stomach and spleen, and somewhat tympanitic and extremely tender to the touch; respiration 35 per minute, and mucous rales over the entire surface of both lungs; cough constant and annoying; pulse 130, small and irregular; *chorea marked;* in fact the head, body, arms and legs, were in constant motion, while articulation was indistinct and stammering; tongue coated with a heavy, brownish fur, with breath fetid and sickening; anorexia complete; sleeplessness was marked and peculiar; she would awake in the morning about nine o'clock, and remain awake until about five o'clock the next morning, when she would go off into a sleep, with eyes wide open, and her legs and arms in constant motion, to awake again at nine o'clock, and remain awake for the next twenty hours.

From the number and prominence of so many very marked symptoms, you will very readily conclude that I, like my predecessor in attendance, could arrive at no very speedy diagnosis; but telling the child's parents that the case was one of chorea, with something additional, probably a tumor or polypus in the course of the "nasal cavity," I ordered a bath, and prescribed bromide potassium in 5 gr. doses, every two hours until sleep was produced; an expectorant mixture for the cough, and turpentine stupes to the abdomen, and left, promising to call the next day.

December 29, 1870.— Child *slept none* last night, never closing an eye; pulse, 120; cough *loosened* and less troublesome, with respiration easier and decreased as to frequency; abdomen much less tympanitic and tender, though, on examination, I find that the liver and spleen are both enlarged, the spleen greatly; in fact all the glandular bodies are enlarged, and especially the thyroid bodies; chorea not lessened; some symptoms of a return of the hemorrhage. Ordered a dose of castor oil and turpentine, to be followed, after the action of the cathartic, by opium and quinine every four hours; mineral acid three times a day; the whole body to be sponged with tepid acidulated water in the evening; turpentine stupes continued.

December 30, 1870.—Child *apparently* better having slept most of the time for the last 24 hours; coughs but little; chorea greatly lessened; abdomen scarcely at all tender, and enlarged only over liver and spleen; tongue looks better; articulation more distinct; asked for something to eat to-day and appeared to relish her victuals, the first time in weeks; pulse 112 or 115, with heart sounds normal but feeble; treatment was continued with the addition of all the "beef essence" she could take.

December 31, 1870.—Patient did not sleep so well last night; the sleep was not so sound as on previous night, being disturbed by starts and screams, probably due to unpleasant dreams; condition of abdomen and bowels is good, tenderness being insignificant; no appetite; pulse 120 and still very feeble and irregular; respiration less labored, though mucous rales are heard over both great bronchi; cough more troublesome than yesterday, and on examination I find both tonsils greatly enlarged and uvula elongated. This is probably the cause of the principal part of the cough. Chorea more marked than on previous visit; patient cannot put her hand to her mouth, and in attempting to do so often strikes herself in the face or misses the head entirely. (I notice when my patient goes to sleep under the influence of opiates that the chorea ceases during sleep, but when her sleep is natural her arms and legs are in constant motion.) She complains to-day of a violent pain under the bridge of the nose, and is constantly picking at the nose; the face is more swollen than heretofore; pain in side of head continues; slight epistaxis. Quinine omitted and patient ordered opium and bromide potassium every four hours, with weak egg nog and a larger amount of beef essence, and to be sponged two times a day in tepid acidulated water, muriatic acid being the acid used, and to take no acid internally.

January 1, 1871.—No change for the better; opium, in large doses, will make her quiet and sleep, though its effects on the stomach and bowels and appetite are not what we could desire; cries with pain in the nose and is constantly picking at it; slight general anasarca to-day, marked especially in the face and ankles; she is evidently getting weaker; same treatment.

January 2, 1871.—No better, but still weaker, and I am puzzled more and more; I certainly have a very large elephant on my hands, though convinced that unless something is done, and that speedily, I will not have it on my hands many days longer. I request of

the child's parents that they call Doctor M. to meet me to-morrow in consultation.

January 3, 1871.—Met with Doctor M. The doctor made a thorough examination, and expressed himself to me about as follows: "In all my practice of some fifteen years, and throughout the whole course of my reading, I have never come across a case like this before; I have no opinion to offer, either as to the cause of the trouble or its character or plan for treatment; but as some of the marked symptoms seen in this case are laid down by the "old writers" as "*worm signs*," suppose that we, in order to give our patient the benefit of all *possible theories*, put her on santonine for the next twelve hours." I willingly favored a trial of santonine, and, accordingly, all other remedies were stopped and santonine substituted, to be followed by a brisk cathartic.

January 4, 1871.—Called to see patient about 4 o'clock to-day; found that she had taken her medicine as directed, and that the cathartic had acted freely, producing the following results: One *four inch long lumbricoid* and more than *two feet of square prostration*, with an increase of the chorea. I returned to my former treatment of the bath, nourishing diet and opium, and requested of the parents that they call Doctor K. to meet me to-morrow at 8 o'clock.

January 5, 1871.—Met with Dr. K. this morning; found my patient more prostrated than I had yet seen her; anasarca marked; chorea about as yesterday; had slept none last night. The doctor examined her as well as circumstances would admit; listened to a full history of the case, from commencement to date, with treatment and its results, etc.

The doctor had no positive opinion to offer, though he believed it to be an aggravated case of hypinosis, or a diminution of the fibrine of the blood. With that conclusion I certainly will agree, though it leaves us as much in the dark as we were before. The fibrine is diminished in all continued fevers, and many other diseases, and is no more to be considered a separate disease than paralysis is a disease, or dropsy is a disease, but it is a result of some other disease in this case. The doctor visited the case again with me in the evening, though without arriving at any positive conclusions.

During our visit in the morning, by the doctor's advice, the treatment was changed in part, and the patient put on phosphate of iron and strychnia. Under this treatment she gradually sank, and died about five o'clock on the morning of January 6th, 1871, some five weeks after her first hemorrhage, and three weeks after confinement to bed. Of course, as in nearly every case a country physician is called to attend, no *post-mortem* examination was allowed.

CONCLUSIONS.

When first called to see this patient, I thought I had a case of chorea with a tumor, probably of the frontal sinus, pressing upon the brain. The localized pain in the forehead, the appearance of the eyes and swollen face, all to me indicated tumor; and the hemorrhage, led me to believe that it was polypoid, growing, no doubt, from the mucous membrane lining some part of the nasal cavity; I was aware that polypoid growths were not uncommon, growing from the schneiderian membrane. It struck me as *possible* that such a tumor might grow from this membrane, and gradually but slowly enlarge until it entirely filled the cavity in which it originated, press upon the brain, giving rise to the swollen face, pain in the head and chorea, and then, when it could grow no larger, rupture its coverings and discharge its contents, blood, as this had done. The enlarged liver and spleen were easily credited to much-abused malaria; the cough, the tympanitis and abdominal tenderness I considered to be purely accidental so far as the case was really concerned; the anasarca I knew was due to anemia and impoverishment of the blood. Still, I must confess, I was not precisely satisfied with this diagnosis; had I been I should not have desired a consultation.

I gave to the gentlemen, with whom I consulted, my opinion of the case about as I have here related it; they did not agree, neither did they disagree; but having no very sure opinion to offer, offered no very sure opinion. I am very glad they had no opinions, for had they I *might* have accepted it and neglected to study the case, as I have since done.

The first gentleman with whom I consulted thought probably the patient had worms; treatment proved otherwise. The second gentleman believed it to be a case of hypinosis, and was correct, no doubt; but that was not all. Adopting the usual style that "When the horse is stolen lock the stable door," I

waited until my patient was dead before I studied her disease, as I should have studied it while she lived; but since her death I have studied every work within my reach, *and believe I know to-day of what disease Jane D. died;* and believe the history of the case will prove me correct when I pronounce it a case of leucocythemia.

FLINT, in his work on Practice, says: "There is but one morbid condition relating to the colorless corpuscles of the blood as yet ascertained; this consists in their abnormal multiplication. To this condition BENNETT gave the name of leucocythemia, signifying *white* blood cells. In order that we have this condition of the blood, the white corpuscles should be greatly increased, amounting to, at least, one to every twenty of the red corpuscles; cases have been observed when the white equaled the red corpuscles." FLINT further says: "Patients afflicted with this disease are anemic. They present the pallor of anemia together with the phenomena symptomatic of that condition. Febrile movements characterize certain cases, and in these cases the vital forces are rapidly impaired, and death takes place by exhaustion."

Diarrhea is apt to occur in this class of cases. Other cases are characterized by hemorrhages occurring from the nasal passages or other situations; and the loss of blood may be sufficient to prove the immediate cause of death.

Dyspnœa, independently of any appreciable lesions of the chest, has been observed.

Diminution of the vital forces, progressing more or less rapidly, belongs to the history of this condition *which ends fatally sooner or later.* It is doubtful if recovery ever takes place in cases in which the condition is well marked. The average duration, before a fatal result, is estimated by TROUSSEAU to be from thirteen to fourteen months. We ALWAYS find associated with this disorder, an *enlargement* of the spleen and lymphatic glands, and generally a diseased condition of the thymus, thyroid and supra-venal bodies.

Jane D's. was a case without fever, presenting all the symptoms enumerated by FLINT, and more too. Her mother told me that Jane had been "ailing" for a year or more. She also said that the blood the girl lost by hemorrhage did not coagulate, but remained fluid and thin.

Right here, while I think of it, I desire to ask a question: *Is not an abnormal multiplication of the colorless corpuscles of the blood the cause of chorea at all times?* Are not all persons, laboring under chorea, anemic? Does not our present method of treating chorea by tonics and iron teach us that chorea is a blood disease? Did any one ever examine the blood microscopically in a case of chorea? Is not the spleen enlarged in chorea? AITKIN, in his Practice, says, with regard to leucocythemia: "The most frequent complication is an enlargement of the spleen. This enlargement is so constant that its existence, if not otherwise accounted for, would at once indicate that leucocythemia prevailed. In some cases this increased weight is more than seven pounds; the liver is generally enlarged; in other cases affections of the lymphatic glands predominate." He further says: "In the majority of cases there are obvious indications of ill health, and the most prominent symptom has been *tumefaction* of the abdomen, depending upon an enlarged spleen and liver."

Ascites and anasarca of the lower half of the body are not unfrequently present; a tendency to œdema may commonly be observed, the general surface of the body being usually pale. Transitory pains in the abdomen are frequently experienced. Intestinal disorders are often also present, such as vomiting, constipation, or diarrhea, and jaundice is not unfrequent. A considerable amount of dyspnœa prevails, which cannot be accounted for by the elevation of the diaphragm merely. Hemorrhage often occurs in the form of epistaxis, or takes place from the gums. The disease ordinarily runs a chronic course and a high degree of emaciation ordinarily accompanies it. The disease is usually well established before it is noticed, and before any remarkable disturbances in the general health have occurred.

It is not until toward the fatal termination that any fever sets in, which then assumes the hectic type. The nervous system often partakes in the general disorder. He further says that the cause of the disease is unknown. VIRCHOW says: "It probably results from inflammatory swelling of the glands after colds." AITKIN says that "hitherto no case of cure is known. As to treatment, the most varied remedies have been tried, without preventing the increased accumulation of the

corpuscles. Tonics, nutrients and stimulants are required to support the body, and the use of the bath ought not to be neglected."

We could go on, piling line upon line and page upon page, but think we have written sufficient to prove, at least in our own mind, that our opening declaration is correct, *that the disease of which Jane D. died was leucocythemia.*

Gentlemen of the Meigs and Mason Academy of Medicine: I hope you may give this case your careful consideration before passing judgment on me; that you will study it in all its bearings, supplying my omissions and omit all that is superfluous; and overlook the many errors you are sure to find in so hastily written a paper. Respectfully,

GEORGE A. WAY.

POMEROY, OHIO. January 26, 1872

EDS. MED. AND SURG. REPORTER: The foregoing report of case, with remarks, were ordered by the Meigs, and Mason Academy of Medicine to be sent to the REPORTER for publication, with the statement that the members of the Academy are not to be considered as committed to the conclusions of the paper.

J. Q. A. HUDSON, M. D.,
Cor. Sec'y. M. and M. A. of Med.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

Fractures of Radius and Ulna.

We have here two cases of injury to the arm, in which it is suspected that the bones have been broken. A simple fracture is, as you know, a separation in the continuity of the fibres of a bone, and may be either complete or incomplete. A compound fracture is one in which there is an external wound, which *communicates with the fracture*, not merely a wound with a fracture. A bone usually breaks in an oblique direction, rarely transversely. The causes of fracture are predisposing and exciting; the former embracing age, sex, disease, occupation, etc., and the latter, force and muscular action, the last mentioned playing a much more important part than is usually considered.

The chief signs noticed in a fracture are as follows: loss of function, deformity, pain, swelling, preternatural mobility, crepitation and discoloration; but these may not all be present.

Crepitation can not always be detected if too long time has elapsed since the injury, or if the fragments are impacted or overlapped. It can only be confounded with the peculiar roughness sometimes found in articulations after they have been long idle, but this is quite different in its character and is moist, while true crepitation is dry. As to the manner of eliciting crepitus, of course it will depend upon the bone involved. One's common sense must show him the best direction in which to move the fragments. If there is any uncertainty, always etherize.

Discoloration is often an additional diagnostic sign, especially when it appears after four or five days, showing that the blood was effused beneath the deep fascia, and has slowly made its way up through the little apertures made by the blood-vessels as they come up to the surface. The blood comes from a rupture of the endosteal vessels, and this leads me to speak of *repair*, or the method by which a bone, the continuity of whose fibres have been separated, reunites.

As I have said, in fracture we must have hemorrhage. This blood is discharged into the medullary canal, around the ends of the bones, under the periosteum, into the cancellated tissues, and up through the crevices in the muscles. This blood not being exposed to the air, does not coagulate, and in a few days, acting as a foreign body, sets up an inflammatory action, which is accompanied by all the phenomena of an inflammation, *i. e.*, heat, swelling, transmigration of leucocytes or white corpuscles, etc., etc., so that by the eighth day there is quite a quantity of effused material around the ends of the fragments. At the end of this time there comes a period of apparent repose; yet it is not repose, for a process called organization is now commencing, and preliminary bony tissue is being formed The soft effused material now becomes more consistent, and the substance which has been thrown out into the medullary cavity acts as a pin or inner splint, in fact it is spoken of as the "pin of Dupuytren." The outside material hardening forms a ferule—the provisional, temporary, or ensheathing callus, but as time goes on a more permanent change takes place, the "pin" is absorbed, and about the ends of the bones a fixed or permanent or definitive callus is formed, which on the eighteenth or twentieth day commences to ossify, and from this time the modeling process goes on for years, in fact, perhaps, until death. In a few years it becomes a perfect bone, with Haversian canals, medullary cavity, etc., and is even stronger than before. The term "callus" is used by some writers to denote all the different stages of the throwing out of this uniting material, while others limit it merely to the time of the deposition of salts.

The amount of this material will, as a rule, depend upon the irritation to which the fragments are subjected, and consequently we find that animals who keep their broken bones in frequent motion have a large quantity,

while in man, who is usually subjected to treatment, there is far less. This new formation occurs in the medulla, in the Haversian canals and around the ends of the bone. Its origin is both from the periosteum and from the Haversian canals themselves. It cannot be entirely from the periosteum, else there could be no new formation at the point where tendons are inserted.

In treatment, the object is to bring the parts into their proper position, and then, to retain them firmly there. If there is much shortening by overlapping, extension and counterextension may be required. In making these movements the member should be grasped at a considerable distance from the seat of fracture, otherwise spasmodic contraction of the muscles might be provoked. When the muscles are strong, this may be done by assistants, while the surgeon manipulates and coaptates the ends, bringing them into proper position —he "sets" the fracture. In doing this he should remember that the rigid straight position is not always to be desired, since bones themselves may be normally curved.

When the arm or fingers are broken the surgeon can himself perform all manipulation, and in coaptation his desire shall be to handle the parts as little as possible after he has brought them into the normal condition and all deformities have disappeared When this is attained he will know that the coaptation is completed, and retention is then to be secured. For this purpose articles called splints are used, which may be made of any convenient material which is rigid enough to enforce immobility. Boards, shingles, cigar boxes, pasteboard, wire, leather, etc., etc, may all be used at pleasure. In addition to these, rollers, oakum, tow, cotton, adhesive plaster and junk bags, complete the armamentarium. With a few simple articles, almost every fracture can be well treated, provided the important adjuvant of "good, mechanical common-sense" is used.

As a rule, a bandage should always be applied to a limb before the dressings are put on, since it adds greatly to the comfort of the patient by equalizing pressure and preventing muscular spasm. The only exceptions are in fractures of the forearm and in one or two of the leg.

A case should always be seen within twelve hours after the first dressing, and the bandage removed if the swelling has made it so tense as to cause pain. If comfortable, however, it may remain for twenty-four, but should always be renewed at the end of that time, this should be repeated in twenty-four hours more, after which time, if all has gone well, it need not be disturbed more than once in three to five days. It is well, however, to see your patient for the first five days in order to watch the course of the inflammatory symptoms. If these are severe, use lotions of lead water and laudanum.

Let us look at the cases before us. I take the arm of the first, and grasping the hand, gently pronate and supinate it, while my other thumb and finger are placed upon the head of the radius. It rotates in unison with the hand, and after a few other movements, I am sure the radius is intact. Grasping the ulna, however, I find a different state of affairs; for as I move the lower part of the bone, the upper does not follow it, but can be moved i an opposite direction, while at the same time I feel that peculiar rough, grating sensation, known as crepitus. This, with the preternatural mobility, loss of function, pain and swelling, all indicate a fracture. How shall we dress it? First, draw upon the hand until the ends are brought to the proper position, and then mould the parts into shape. This can be easily determined, for the ulna is superficial throughout nearly its whole extent, and unless the swelling is great there will be no difficulty. In all fractures of the forearm, either of one or both bones, the greatest danger lies in the approximation of the bones and consequent obliteration of the interosseous space. To prevent this it was formerly customary to pad the splints, so that the center should be the highest, making them wedge-shaped; but this is unnecessary, for if you will look at the normal shape of the arm itself, you will see that merely a flat surface is sufficient, for when it is pressed firmly down it must drive the thickest portion of muscles, the center, into the interosseous space, and thus fulfill every indication.

The splints to be employed in all fractures of the forearm, either one or both bones, save those at the lower end of the radius, are two straight boards, long enough to extend from the elbow to a half inch beyond the fingers, and wide enough to be entirely free from the arm, since no lateral pressure must be made. These splints are to be well padded, and pledgets are to be placed over the knuckles and other prominences, while the palm of the hand is to be thoroughly filled up. The thumb should look directly upward after the enveloping bandage has been applied, and the hand then kept midway between supination and pronation. The arm is placed in a sling and the dressing removed on the following day and so on for three days, after which every other day will be sufficient for three more dressings, and then once in four days. These should be ready for removal at the end of the fourth week, their places being supplied by lighter ones for two weeks more.

The other case is a woman, æt 50 years, who received an injury several days since. I take the radius in my hands, and immediately find that the two portions do not work together, and also that there is distinct crepitus at the lower end of the radius. This, then, is a Colles' fracture, and does not extend into the carpal articulating surface, as does a Barton. A Smith's occurs at a point from 2 to 2½ inches above.

The deformity in these three fractures is

similar to that of a luxation of the wrist, but is easily distinguished from it. In fracture, the deformity is not as great; there is less shortening, and the fingers are not flexed so strongly; however, a slight degree of force causes it to disappear, and it immediately returns as soon as the extending force is removed.

This deformity is most marked in a Barton, since the styloid is here loosened, permitting the extensor tendons lift the carpus and drag it backward. For a similar reason the hand is strongly abducted, being given over to the extensor os metacarp., and primi, and secundi internod. pol. The ulnar styloid process is thus rendered most markedly prominent, the correction of which becomes one of the most prominent indications in treatment. For this purpose the Bond splint, made at a greater angle than usual, or a Nelaton, answers the purpose most admirably. The objection to the latter is, that rigidity of the hand is more likely to follow. With the Bond, the hand is elevated by the wooden pad and carried far over to the ulnar side, while free motion is at the same time given to the fingers.

No posterior splint is used, but two wedge-shaped pads are to be employed—one, anteriorly with the base downward, over the extremity of the upper fragment; the other, posteriorly, but reversed—thereby correcting the antero-posterior deformity.

It is but seldom, however, that all deformity can be prevented, the styloid process of the ulna usually always remaining very prominent. This might be still more avoided by a pad which should press against it, or by cutting out the splint at that point, so that the bandage might impinge upon it.

Another, and the most important difficulty which is liable to follow such a fracture is permanent stiffening of the wrist and fingers, attributable not so much to any anchylosis of the joint, as to the binding down of the tendons by inflammatory adhesions which unite them to their sheaths, and which are exceedingly difficult to break up. To prevent this, passive motion should be instituted as early as the twelfth day, and continued at each subsequent dressing, friction, fomentation and stimulation being added thereto as soon as permissible.

Fracture of Clavicle.

The next patient is a child, three years of age, who fell upon its hands some nine days ago, and has not since been able to use its arm. I strip his shoulders and immediately you notice four things: there is loss of function of the arm; an unsymmetrical condition of the two shoulders, the left one being lower and thrown farther forward than the right; a marked prominence at about the middle of the clavicle, and preternatural mobility of the bone at this point. As I grasp the two portions of the clavicle and move them in opposite directions, I also obtain a sensation and a sound which are very much like that obtained by rubbing together two lumps of loaf sugar. It is an unmistakable impression and once felt is never forgotten—it is crepitus. These characteristics are all satisfactory evidence of a fracture, and if this were a grown person a superficial glance might have alone been diagnostic. A man with such a fracture would probably come into your office with his injured arm firmly supported at the elbow by the other hand and with his head drawn over toward the affected side, a position which he unconsciously assumes in order to relax the muscles, of which I shall presently speak.

In such fractures the external fragment is drawn slightly upward by the action of the sterno-cleido-mastoid muscle, yet not very greatly, for it is soon arrested by the costo-clavicular ligament. The acromial fragment will fall below but will not go in front of the sternal, as the books usually represent, but a little behind, since the muscles attached to the posterior border and angle of the scapula tend to revolve it upon its transverse axis, and as soon as the prop which holds it in position is taken away, it falls inward, downward and forward into the axilla with this slight rotation, which is enough to push the ends of the fragment into the position I have named, and the distance from the sternum to the acromion is diminished. These fractures are sometimes the effect of direct injury, sometimes of indirect, applied, for instance through the hands. In some cases where the force has been great the acromial fracture may be driven down so far as to press upon the brachial plexus, and give rise to temporary paralysis of the arm. If such a fragment could not be elevated by a hook and tenaculum, it would be perfectly justifiable to cut down upon it, and inserting a pry to lift it from its false position.

The indications here for treatment are to bring the shoulder to its original position, to carry it outward, upward and backward, and upon its successful retention in this position will depend the amount of subsequent deformity. Deformity will, however, always exist to a greater or less degree, and you should always thus inform your patients. It cannot be prevented unless some apparatus can be devised to immobilize the scapula more perfectly.

Having perceived the indications, how shall we apply them? The best method is that of *position*, provided patients are sufficiently docile to render it effectual. They should be placed flat upon their backs, on a hard, unyielding mattress, with the head slightly elevated, and the arm placed across the breast in somewhat the position assumed when a Velpeau bandage is applied. The head is elevated to relax the sterno-mastoid, but it is not necessary to place a pillow between the scapulæ. In sleep, however, few persons will remain perfectly quiet, and the fragments are subject to displacement. However, I think that this is usually the advisable treatment for

five or six days at least, placing a watch over them if necessary. After this time there is not much tendency to displacement, and if they become uneasy any ordinary apparatus will answer.

The most common method of treating these fractures is, however, with the apparatus known as Fox's. This consists of a pad to be placed in the axilla of the injured side, to act as a fulcrum, a ring for the other axilla, and a sling for the arm. The pad makes a fulcrum by means of which the shoulder can be pried out, taking with it the outer fragment—thus fulfilling one indication—while the elbow being firmly bound to the side, and lifted by the tapes attached to the sling, accomplishes the others.

This is an apparatus easily made, and answers an admirable purpose. The pad should be wedge-shaped, four inches long and two wide at base. The same results may be obtained from a Levis or a Dessault, but the former is not so easily manufactured and the latter forms too great thickness, especially for warm weather. Six or seven weeks will probably accomplish a cure, but the simple sling may be employed after the fifth.

In children like the one before us, any of these apparatuses are uncomfortable and difficult of application, and you may trust to adhesive strips, placing them in such a manner as to fulfill the above indications. A small pad of lint or tow may be placed in the axilla.

[Adhesive strips were used.—De F. W.]

Editorial Department.

Periscope.

The Diagnosis of Urethral and Vesical Diseases.

The following lecture was delivered at University College Hospital, on November 21, 1871, by Sir Henry Thompson, Surgeon to the Hospital, and published in the *British Medical Journal:*

I commence to-day my usual course of lectures, modified somewhat by circumstances. Thus I condense a little my opening remarks on diagnosis to-day. I may premise that I give this course of lectures on the diseases of the urinary organs, because my wards offer you so large a field for their study, and also because there is no class of diseases in which you can afford so much relief to the patient as in this, or so certainly mitigate suffering. There are no diseases more painful, and none the relief of which will gain you more gratitude from your patients.

In the matter of diagnosis, however, it is of the greatest importance that it should be a correct one, and not only correct, but rapidly made. I have now to say what I have said to you before, that I interrogate all these patients on the same system, and I advise you to follow this plan. I employ only four questions for urinary patients, and I advise you to use these four questions also, and always in the same order. The first question is, Is there any deviation in the frequency of passing urine? The second is, Is there any pain in the act? The third is, Is there any blood in the urine? And the fourth is, Are the characters of the urine altered (quality and quantity)?

We shall see that in all cases of urinary disease these four questions are sufficient, together with the supplementary inquiries which arise out of them; yet we know how often such cases are misunderstood—indeed, the simplest are often mistaken, though not pursuing a systematic question of *frequency.* Almost every disease of the urinary organs produces some deviation in the natural frequency of passing urine. As a rule, let it be understood that a man in health does not generally rise at night to pass urine, and that he passes it during the day about five or six times; but when there is any degree of inflammatory action in the mucous membrane of the bladder, however slight, frequency of micturition is induced. Now, how does cystitis produce this increased frequency? When the mucous coat of the bladder is inflamed, it cannot bear to be much extended; and when the bladder contains five or six ounces of urine, or even less, the sensitive mucous membrane suggests that it should be emptied; instead of comfortably containing fifteen or sixteen ounces, it cannot endure the extension, and calls on the muscles to contract without delay. There is one, and one only, of these affections which does not necessarily produce, at first, frequent micturition. I speak of stricture: here it always occurs after a time; but a man may have a considerable amount of stricture for years before he is troubled in the way referred to. Calculous disease produces cystitis, and thus causes an increased frequency in passing urine.

Now, as a supplementary question, you should next ask, is the frequency greatest at night or in the day? If a man have calculus in the bladder, he is not so much disturbed at night, but in the day he is frequently micturating—all movements make him do so. Now,

that extremely common complaint, *hypertrophy of the prostate*, is worse at night than by day, as far as frequency of passing urine is concerned. Hence, if a man of about sixty years of age says that he has but recently had urinary troubles, and these are greatest by night, the case is almost made out; you may be sure that a very little further inquiry will demonstrate the fact that he is the subject of hypertrophied prostate.

I come to the second question of *pain*. This question is of greater significance. Suppose the patient says he feels pain. Where do you feel pain—low down in the belly? Then there is almost certainly chronic cystitis. Suppose he says that his pain is in the penis or perineum, you must ask if he feels the pain before, during, or after, passing urine. If the pain be before, that is because the mucous membrane is becoming uneasy in consequence of distension. If he find it painful during or after passing urine, and in the end of the penis, he is likely to have stone; and especially, also, if the pain be increased by exercise. The pain is at the end of the penis in stone. It is almost pathognomonic of calculus to find the pain near to the end of the penis during and after micturition. In chronic prostatitis, the pain is also at the end of the penis. This simulates calculus in the bladder more than any other disease.

The third question is, Has *blood* passed? This brings us nearer still to the point. Blood may be seen in cystitis, but very rarely. The mode and the circumstaces in which the blood has passed, however, determine the nature of the disease. An elderly man, who passes blood intimately mixed with the urine, dark in color, and not altered much by circumstances, with frequent rather than painful micturition, has probably hypertrophy of the prostate. In calculus of the bladder you find blood: it is as common in calculus as hemoptysis is in phthisis. Then a calculous patient will find blood in the urine after a drive or a ride, or after hunting, and none if he keep quiet; or he may pass a drop or two with the last expulsive effort at micturition, and with pain at the time. Such urine is usually florid in tint, while, generally speaking, blood passed from the kidney remains long in the bladder, and, from contact with the urine, becomes brown in color—it is like porter. This, also, may happen when the bleeding is due to hypertrophy of the prostate.

Lastly, Is the *character* of the urine perceptibly changed? A man will often tell you his urine is thick; but he does not discriminate between the thickness of pus or mucus, and that from deposited salts, as lithates. Patients are generally very much disturbed unnecessarily on account of thick urine. In this cold weather, the urine, on cooling, deposits its lithates readily, where none would be seen in summer; and you may tell him that, if he apply a little heat to it, he can see for himself that it will become quite clear again, which is never the case if the thickness be due to organic matters like pus or mucus; and if this be not an habitual appearance, you may make light of it. If, on the other hand, a heavy deposit of lithates be constant, you must look into his habits and correct his digestion—probably restrict some indulgence in diet. If, also, the urine do not become clear with heat, you have an organic compound to deal with, and you must find out carefully the source of it.

Let me advise you always to make your patient pass his urine into two vessels for examination. I should not thank you for an examination of urine passed into one vessel; for whatever a man may happen to have lying in the urethra—a passage which is by no means always clear and sound—passes with it. Let him pass an ounce or two into one vessel and examine only what you find in the second vessel. If there be gleety discharge, if there be stricture of the urethra, you will find shreds of pus and mucus and blood-corpuscles in the first glass, but not in the second. In chronic prostatitis, always in hypertrophy of the prostate, sometimes there will be a deposit in the first vessel, which would much mislead you if you imagined it to come from the bladder or kidney. This specimen you must examine for albumen, for sugar, and you must inquire also the quantity passed *per diem*. Well, then, if a patient have told you that he has frequency of passing urine, increased by exercise; that he has pain at the end of the penis; that he passes blood; and that his urine is changed, you may arrive at a pretty good diagnosis of his case. But you would be very much to blame if you did not further examine the man; you must pass an instrument. It is best to be straightforward with patients and tell them so. People have too much common sense to be dealt with otherwise than plainly in these matters. You need not always sound a man with a stiff, rigid metallic instrument at first, who has never had an instrument of any kind in his urethra. It is best to take a soft instrument, pass it gently into the bladder, which produces very little discomfort, and so diminish the patient's fear. You can then say, pass another instrument (which will give you a little more pain), and ascertain completely what is the matter.

[Sir Henry Thompson then exhibited the various instruments used in the diagnosis of diseases of the bladder and urethra, and explained their several uses—promising to continue the subject on the next occasion of his lecture.]

Phosphorus in Skin Diseases.

Dr. JAMES LITTLE read for Dr. EAMES, at the College of Physicians, Dublin, a paper on this subject. It commenced with a brief review of the observations of Burgess, Broadbent and Tilbury Fox, on the employment of phosphorus as a substitute for arsenic in the treatment of many cases. Dr. Eames described his method

of using the remedy. A solution of ten grains of phosphorus in one once of olive oil was prepared, and of this a dose of from five to ten minims was administered three times a day; or capsules might be substituted in cases where the oily solution caused nausea or other unpleasant symptoms. Three sets of capsules, containing one-tenth, one-twentieth, and one-thirtieth of a grain of phosphorus respectively, had been made. The first case treated by Dr. Eames with the remedy, was one of severe *acne indurata* of the face, of four years' standing. After six weeks, a cure was effected. In three cases of lupus, similar satisfactory results were obtained. In the first of these, a marked improvement was observed after a fortnight's trial, and the patient continued to take ten-minim doses of the phosphoretted oil for nine months. In the second instance, a five months' course of treatment was followed by cicatrization, and, eighteen months subsequently, there had been no return of the disease. In the third case, the oil was used during nine weeks, but with interruptions, owing to the appearance of grave dyspeptic symptoms. In one case of scrofuloderma, the glandular swellings disappeared in six weeks; in another, a cure was effected in three weeks. Psoriasis also yielded readily.

In one instance of this affection, dyspepsia supervened on the administration of phosphorus, which was then temporarily stopped, and the mineral acids given. A man, æt. 24, with pemphigus, beginning on the abdomen, was quite well in a month. Cases of eczema of the scalp had also been much relieved. Dr. Eames referred to the silvery appearance of the tongue noticed when patients had been taking phosphorus for some time—another point of analogy with arsenic, and to the frequent occurrence of dyspepsia. The latter was to be met by substitution of the mineral acids for a short time. Dr. Quinlan had used phosphorus with great advantage in various cases where depression was a marked symptom, especially in pneumonia. He had occasionally used the amorphous or red phosphorus. The combination of dilute phosphoric acid and cinchona was a most useful tonic. Dr. H. Kennedy believed Dr. Eames' paper to be a very valuable contribution. He spoke of two remedies which he had used with success in lupus: namely, the insertion of an issue, and the internal use of elm-bark. Dr. Jencken had made experiments with an alcoholic preparation, which had answered very well. Dr. Grimshaw objected to any comparison being made between dilute phosphoric acid and phosphorus, as the former had nothing in common with the latter. He congratulated Dr. Eames on the clearness of his communication, and for having so thoroughly isolated the treatment by phosphorus in all cases. The chairman alluded to the largeness of the dose used by Dr. Eames with advantage. He objected to the substitution of the allotropic variety of the metal.

Intermenstrual or Intermediate Dysmenorrhœa.

Dr. W. O. PRIESTLY read a paper on this topic in London recently. He pointed out that, although much had been written concerning dysmenorrhœa, and several forms of it had been described in accordance with the pathological views taken of its causes, the description of the several varieties was ordinarily limited to the time of the catamenial period, with the two or three days additional which might precede and follow the menstrual flow. From time to time, however, cases of a more obscure kind presented themselves, in which the chief suffering was remote from the actual menstrual period, but came on, nevertheless, with the same punctuality, and was probably dependent on organic changes associated with the production of the catamenia. Probably other practitioners had observed like instances, as they were not unfrequent, but the author had met with no description of them.

In all the cases detailed severe pain was experienced by the patients midway in the menstrual interval. The pain commonly came on about fourteen days after a catamenial period, and after lasting a variable number of days, ceased before the supervention of the next expected period. In one case, the pain, beginning midway in the interval, ran into the following monthly period, and was relieved by its flow. The suffering was constantly referred to one or other ovarian region, and, in three cases out of four, marked tumor, or thickening from old adhesions, was found in that locality.

The reason for the occurrence of pain in the intermenstrual period, and with such regularity, was not, in the present condition of our knowledge, perfectly obvious. A study of the physiological and pathological conditions left little doubt, however, that it was due to perturbations in the function of "spontaneous ovulation" habitually going on in the ovary. Hypertrophy of the structure of the ovary, or thickening of its indusium, would lead to undue vascular excitement, and impede the advance of ova to the surface in their attempts to attain maturity. It was not unreasonable to suppose, from all known facts of the case, that preparation for an approaching period began in the ovary ten to fourteen days before the occurrence of the monthly uterine discharge; and if the initial steps in the process of evulation were opposed by certain pathological conditions, pain would ensue. Nay, in the absence of distinct organic change, it might readily be imagined how special irritability in the ovary would cause an unusual amount of disturbance whenever there was occasion for the exercise of fresh activity in the organ. This latter class of cases would partake more or less of a neuralgic character.

The treatment would depend on the pathological condition as ascertained by examination. The pain being only a symptom, it

would be needful to inquire into the cause; and if there if were tumor, or thickening depending on former inflammation, absorbent remedies would be indicated. If no organic change of structure could be detected, anti-neuralgic remedies, such as quinine, iron, and arsenic, would best answer the purpose of cure.

Cases of Diabetes Treated by Carbol c Acid.

Dr. ORSON MILLARD writes to the *Michigan University Medical Journal:*

Mr. M., æt. 65 years, called upon me about the first of February last and asked my advice in regard to a profuse discharge of urine that annoyed him very much, although it did not appear to reduce his general health in the least. The urine was clear, of a high specific gravity, and upon the application of Trommer's test, revealed the fact that sugar existed in the urine. Mr. M. assured me that some nights he was obliged to get up to micturate as often as every twenty minutes or half an hour. I at once gave him the following prescription, which had no effect whatever, so far as I could determine:

℞. Tinct. iron, f.℥ij.
Cod liver oil, f.℥jv. M.
Sig.—Take one teaspoonful before each meal.

℞. Potassium bromide, ℥j.
Aqua pura, q.s.ad. ℥jv. M.
Sig.—Take one teaspoonful on going to bed each night.

The above medicine was taken for about ten days without the least effect upon the sugar in the urine, after which I stopped the potassium bromide and in its stead added two drops of carbolic acid to each dose of iron and cod liver oil, with the happy result of finding that the sugar began to decrease within twenty-four hours, and in ten days I found that it had entirely disappeared from the urine, and the quantity of liquid, together with the frequency of the discharge was reduced almost to its normal standard.

My reason for giving the carbolic acid was that it is known to be a powerful catalytic, preventing chemical combination and decomposition, especially that of organic compounds of the sugar class. This is the only case I have ever known treated with carbolic acid, and of course I do not place any reliance upon the result that would follow any single case; but I should try the carbolic acid again, with the reconstructive tonics, and hope others may extend the use of it in that direction, hoping we may find a remedy in the acid that shall prolong life and give the diabetic sufferer a faint ray of hope.

Chronic Catarrh of the Uterus.

The following case is reported by Dr. G. KAISER in the *Cincinnati Medical News:*

In the latter part of December, 1870, I was called to attend upon Mrs. J. D. S., æt. 29 years, married, and the mother of two children, the youngest about five years old. Mrs. S. stated that she had been in bad health since the birth of her second child, which she attributed to the last of her labor pains with this child, which were usually severe and protracted; that she was now in her fifth month of pregnancy, and complained of pain in her head, back and hips, with shooting and throbbing pains through the pelvis; had discharges from the vagina which stained her clothes, and was at times slightly mixed with blood; had very frequent nervous hysteric spells, impaired digestion, and had been confined to her bed for nearly twelve months. She also complained of pains resembling labor pains; and that she had had medical attendance for nearly three years without deriving any relief. With this view I made a vaginal examination, and detected the following, viz.: ulceration of the os uteri, with muco-purulent discharges, hyperæsthesis of the portio-vaginalis, which was swollen, hypertrophied, and of a dark red color. The introduction of the speculum caused her great pain, and brought on her a nervous hysterical spell. Her nutritive functions were deranged. Her urine contained a deposit of lithates. Her bowels were in general regular, but her general condition extremely nervous and debilitated.

Having before me a great variety of complicated symptoms, I directed my attention and treatment mainly to the uterus, which I placed as the seat of the disease, taking in consideration her nervous system.

The womb is supplied with nerves by the two great divisions of the nervous system, viz., the cerebro-spinal axis and the trisplanchic nerves. The first preside over animal life, whilst the second are essential to organic existence. The pain in the back and head, the result of uterine disease, is conveyed through the cerebro spinal axis, while the organic derangements, such as are observed to occur in the stomach, heart and digestive organs generally, are due to the action of the ganglionic department. The feature of lithate deposit in the urine is one of the evidences of impaired digestion.

Under the circumstances the following was my treatment: Ordered the vagina to be well cleansed morning and evening with an infusion of chamomile flowers, milk-warm, by means of a Davidson syringe, and to be continued until further orders. Also

℞ Potass. bromid., ℥ss.
Chloral hydratis, ℥j.
Syr. et aqua menth. pip, aa. ℥ij.
S.—One desertspoonful morning and evening.

℞. Quin. sulph., ℥ss.
Massæ. pilul., ℥ss.
Ferri carbon., ℥ss.
Ext. gentian., ℥j. M.
Ft. pill No. xxx.
S.—One pill three times a day.

January 12.—Discharge per vaginam only slightly reduced; exploration with the finger still produces great pain in the portio-vaginal-

is; general condition slightly better. Ordered the vagina to be syringed with infusion of belladonna, half a pint with one tablespoonful aquæ laurocerasor, morning and evening; the last pills to be repeated; and the following powders:

℞. Pulv castorei, ʒj.
Pulv. rad. valerian, ʒj.
Sacch. lactis, ʒj. M.
Mt. pulves lx.
S.—One powder three times a day.

January 28.—Found patient much improved; the tenderness in the vagina has disappeared.

February 6.—Made a painless vaginal examination with the speculum. The os has nearly a normal appearance, with the exception of a small ulcerated spot, about a quarter of an inch in diameter, at the anterior median line of the os, to which I applied slightly and gently actual cautery. Ordered the last injection and medicine to be continued.

March 12.—Discharged patient well. The ulcers as above described were entirely healed; no discharge of any consequence from the vagina. Patient has gained so much in strength that she is walking all over the house.

April 26, 10 *o'clock A. M.*—I delivered her of a large, healthy female child, of 11¼ pounds in weight. There was adhesion of the placenta to the fundus uteri, which I removed with little trouble. The day following the delivery she was taken with fever, which disappeared under little medication, and I have satisfaction of saying that she is now fully recovered, and able to attend to her household duties herself, without the least inconvenience or nervousness whatever.

In the whole course of my medical study and practice I do not know of any case that has given me more personal satisfaction than the undoubted radical cure of this patient.; The points here given are only a synopsis of the general complaints; it would take many pages to enumerate them all. I attribute my main success in restoring this patient to health to her strict observance of my directions, and especially to the thorough cleansing of the affected parts by means of the syringe, thereby stimulating the parts to a healthy and restorative action. In conclusion, I will state that Mrs. S. had never before used, neither had she ever been advised to use, a vaginal syringe.

Reviews and Book Notices.

NOTES ON BOOKS.

——The *Trade Circular*, the official organ of the Publishers' Board of Trade, on entering upon its fourth year, becomes a weekly journal, devoted to the interests of the entire Publishing, Printing, Book, Stationery, News, Music, Art, and Fancy Trades, and Associated Branches.

Within the past week the *American Literary Gazette and Publishers' Circular*, the oldest trade journal in the country, has been purchased and incorporated with the *Publishers' and Stationers' Weekly Trade Circular*, which is now the recognized organ of the trade. But although a trade journal, the editor aims to make it, at the same time, an indispensable paper to the book-buyer and the scholar, by reason of its general literary information and its full bibliographical records of American and foreign literature.

——The *College Courant* is the title of an excellent literary paper published at New Haven, Conn. It takes general interest in college and educational matters. It has a well-conducted scientific department, which is under the editorship of Prof. Geo. F. Barker, M. D., of Yale College. The *Courant* is published weekly at $4 a year.

—— Lindsay & Blakiston announce: Gamgee on Fractures; Le Gross Clark's Outlines of Surgery—second edition; Harley on the Urine and its Derangements; A Hand-Book for the Laboratory—by Professor Sanderson and Foster, assisted by Drs. Brunton and Klein; Brunton's Investigation into the Action of Medicines.

——We are glad to give publicity to the announcement of the following work: A History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century. By Robley Dunglison, M. D., LL. D., late professor of institutes of medicine and medical jurisprudence in the Jefferson Medical College, of Philadelphia, Pa., etc. Now first collected and arranged from the original manuscript by his son, Richard J. Dunglison, M. D. It will be issued in a small octavo volume of about 250 pages, printed on tinted paper, handsomely bound in cloth, beveled boards. The price to subscribers will be *two dollars and a-half*.

It consists of the historical portions of his lectures, arranged in book form, and will constitute a volume of much interest to the profession. It will be published by Lindsay & Blakiston, Philadelphia.

——The first number of *L'Union Medicale de Canada* has reached us. It is a monthly, edited by Drs. J. P. Rottot A. Dagenais, and L. J. P. Desrosiers. Montreal. $3.00 per year. It contains several excellent articles, and promises well.

BOOK NOTICES.

Fireside Science. A Series of Popular Scientific Essays upon Subjects connected with Every-day Life. By JAMES R. NICHOLS, A. M., M. D., author of "Chemistry of the Farm and the Sea," and editor of the *Boston Journal of Chemistry*. New York: Hurd & Houghton, 1872. 12 mo. Pp. 283. Price $1 50.

This is a very interesting volume upon subjects of every-day home-life, written by one who knows how to interest and instruct. It is particularly adapted to the instruction and entertainment of the younger members of the family, though it is by no means too simple and common-place to instruct older and well-read persons. The work contains chapters on the origin and nature of springs, chemistry of a hen's egg, of a cigar, of a pint of kerosene, of a lump of sugar, and of the human body, rebreathed air, the lost arts, the human hair, the skin, and bathing, infectious germs, the food of plants, etc., etc. We have enumerated about half the subjects treated of. The work is one which our readers will find it profitable to have in the family.

The Works of Sir James Y. Simpson, Bart. Vol. II., Anæsthesia, Hospitalism, Hermaphroditism, and a proposal to stamp out small-pox and other contagious diseases. Edited by Sir W. G. SIMPSON, Bart., etc., New York: D. Appleton & Co., 1872. Cloth, 8v. Pp. 562.

Several of the articles in this volume were published in the collection of Prof. SIMPSON'S works, edited by Drs. PRIESTLY and STORER, in 1856, especially those on Anæsthesia. The remainder are of later date. They all, however, deserve a careful perusal, for few men have lived in this generation who have studied more profoundly the length and breadth of his special departments of medical science than Sir JAMES Y. SIMPSON.

The history of anæsthesia, *cujus pars magna fuit*, is narrated with brevity but evidences deep research, and the various applications of chloroform are rehearsed with minute and clear directions for its administration.

The treatise on Hospitalism occupies somewhat over a hundred pages, and is a powerfully argued plea in favor of small hospitals in country districts, over the large metropolitan hospitals to which we have been tending.

The profound article on hermaphroditism, originally published in 1839 in the Cyclopædia of Anatomy and Physiology, still remains the most complete and exhaustive paper on that subject in English medical literature. It is a monument of erudition and calm judgment.

The brief suggestions on "Stamping out Small-pox," published as late as 1868, have no little interest just now. The means suggested are rigid seclusion of the sick, early public notification of the presence of the disease, surrounding the sick with persons who cannot contract the disease, and through disinfection. Were such regulations universally inforced much good would be done; but it is easy to see they would meet with violent opposition.

First Annual Report of the Board of Health of the Health Department of the city of New York. New York: New York Printing Company, 1871.

Such public documents as the above have an absorbing interest for all enlightened physicians. Among the most serious sanitary problems of this age are those which refer to the maintenance of public health in large cities. Municipal authorities are very far yet from appreciating their duties in this respect, and Boards of Health are too often politically incapacitated from doing their duty.

The appendix, as usual in volumes of this nature, contains the most valuable parts of the work, these being the various special reports. That on the vital statistics of the city shows in the year 1870 a mortality of 28.79 per thousand inhabitants, which is more favorable than might be expected, although it is certainly high.

The report of Dr. J. C. NOTT, special inspector on yellow fever, commenting on the cases on Governor's Island, and generally on the disease, its history, symptoms and progress, is a valuable contribution to the literature of that malady. He doubts the existence of any chemical disinfectant capable of destroying the *materies morbi*, but suggests that the creation of a low temperature by artificial means, in the hold of a vessel for example, would probably answer the purpose.

The Report on Relapsing Fever by Dr. STEPHEN SMITH is carefully compiled. He gives the history of the epidemic and a number of cases. He recognizes its contagious character, attributes it to importation and is satisfied that preventive measures will limit its prevalence. The report on dangerous petroleum oils, by Mr. CHANDLER, is a very thorough exposition of the outrageous frauds perpetrated by dealers in these articles. At present they defy the law and murder right and left with entire impunity. "Danforth's non-explosive burning fluid" is distinctly convicted of several homicides.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 10, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

AN INTERESTING DIAGRAM.

Dr. J. M. TONER, of Washington, has prepared a diagram showing the proportion of white children of both sexes, under fifteen years of age, to the 1,000 white females between fifteen and fifty years—the nubile age—in each State, at every decade from 1800 to 1870. It is designed to illustrate graphically the decline in the birth rate in the United States, and this it seems to do, so uniformly and generally, that we suspect the existence of certain factors in the problem not taken into account.

Massachusetts decreases from 2,226 children to the 1,000 nubile females in the year 1800 to 1,066 children in 1870. Ohio decreases from 3,610 (1800) to 1,702 (1860); Pennsylvania from 2,725 (1800) to 1,612 (1860); and so on.

These facts are not to be explained, as many would have it, by a prevalence of criminal abortion, or avoidance of offspring, at least to any great degree. Nor do we fully believe that the decrease in births is actual, but rather relative. The universal prevalence and malignity of children's diseases this last thirty years are familiar to all. Dr. RUSH used to say that a physician might not see more than a case or two of scarlatina in a life-time, and diphtheria was unknown. Then the influence of emigration must be taken into consideration.

We are having brought to our shores annually hundreds of thousands of emigrants. They are generally adults of middle age. Hence the proportion of women in the community is largely increased over that of the children.

This has some influence, but we incline to believe the excessive and increasing mortality of childhood has more to do with the extraordinary results obtained by Dr. TONER, than any one cause. We have over and over again, in these pages, called attention to the ghastly statistics illustrating this fact.

It is, to our shame be it said, undeniably true that children are not so healthy, and have not the same chance of life now that they had seventy years ago. The causes of this are manifold. But the result is that the sum total of the children in a community are less in proportion to the adults than was the case in former years.

A third and also a potent fact influencing our opinion of what these diagrams show is this: that the decrease is largely owing to, what an English writer calls "the redundancy of women" in the community. They are in excess of the demand for marriage, and hence the number of spinsters is far larger in proportion to the population now than in 1800; and far larger in the older States than in the more recently settled ones. To correct this perturbation in the calculation the number of single women of nubile age in a State must each be credited with as many children as the married women of the State have on an average produced. Every one knows (at least, every one who has traveled in the far west,) that an old maid is a rarity in a new State, whereas in Massachusetts, Rhode Island, and other old communities they are "as thick as leaves in Vallambrosa's vale."

Nothing is more liable to lead to erroneous conclusions than a hasty examination of sta-

tistics, and we have seen some remarks on this very diagram of Dr. TONER'S which illustrate this truism. For instance, a paper says: "This table reveals the startling fact that what is held up as the peculiar shame of Massachusetts is equally true of all her sister States. It is shown that only one-half as many children are now born to each thousand women as in 1800, and that there has been a regular decrease from one decade of years to another."

Now there is no "peculiar shame" about it to the reasonable observer, and we believe Dr. TONER is as far as any one from supposing that there is. His diagram furnishes, however, food for deep reflection and careful study, and such investigations cannot fail to lead to most beneficial results.

Notes and Comments.

Therapeutical Notes—Camphor and Bromine Combined.

Prof. DENEFFE, of Ghent, states (*Presse Med Belge*, November 19,) that for more than two years he has employed a combination of camphor and bromine, which he thinks is entitled to general attention. The celebrated chemist LAURENT showed that bromine will easily unite with camphor at the ordinary temperature, but that the product is slowly decomposed by exposure to the air. M. SWARTZ, Professor of Chemistry at Ghent, has shown that this body, heated in a closed vessel, is resolved into hydrobromic acid and a crystallized compound which is monobromized camphor (*camphor monobromé*), a body body differing only from ordinary camphor by the substitution of an atom of bromine for an atom of hydrogen. It is a perfectly crystallized substance, fusible at 76° C. and boiling at 274°. At Professor SWARTZ'S request M. DENEFFE has investigated the therapeutical properties of this body, and has found it to be an excellent sedative for the nervous system. He intends shortly to publish his cases in proof of this, and, in the present communication, furnishes one of these, in which excitement of the nervous system passing into true delirium tremens was effectually relieved. He prescribed it in the form of pills, seventy grains being made into thirty pills, of which one was given every hour until four had been taken. For three days longer from forty-five to sixty grains were given in the twenty-four hours, the quantity being diminished from forty-five to thirty grains daily for a week The recovery was progressive and stable.

On the Action of Chlorides on Calomel.

Mr. MICHAEL CUMMINS says that calomel is not converted into corrosive sublimate by soluble chlorides at the temperature of the body; but near the boiling point of water it is slowly converted into that salt. This is particularly the case with sal ammoniac. When chloride of sodium is used in place of chloride ammonia the calomel does not so readily become converted into chloride, but requires a higher temperature. At 110 deg. no change takes place, but when kept at 120 deg. F. for twelve hours, the calomel is slowly converted into corrosive sublimate. The addition of muriatic acid seems to hasten the action. With nitro-muriatic acid the change takes place spontaneously and at ordinary temperatures.

Expulsion for Advertising.

We are officially forwarded the following: "At a regular meeting of the Niagara County Medical Society, January 2d, 1872, MARTIN S. KITTENGER was expelled for advertising as a specialist while engaged in general practice."

Formation of a Medical Society.

Pursuant to a call the physicians of Miami county, Indiana, met at the office of Dr. C. B. HIGGINS, in Peru, on Saturday, January 20, 1872, for the purpose of organizing a county medical society. The society elected the following officers for the ensuing year: President, Dr. JOHN H. HELM; secretary, Dr. F. B. MCNEAL; treasurer, Dr. W. T. MENDHALL. Dr. C. B. HIGGINS, Dr. JAMES A. MEFK, Dr. WM. H. BRENTON, censors.

Rush Medical College, Chicago.

The Rush Medical College building having been destroyed by the great fire, the faculty, in order to maintain the interests of the college and to preserve its advantages to students and clinic of medicine, have secured the lecture rooms of the Cook County Hospital, corner

Eighteenth and Arnold streets, in which to hold the usual spring course. Having tested the convenience of these rooms during a large portion of the winter term, they feel assured that the instruction will be as thorough and satisfactory as heretofore.

Chloral Hydrate and Cod Liver Oil.

Chloral hydrate is soluble in cod liver oil when warmed; 10 grammes should be dissolved in 190 grammes with the aid of a sand bath.

Philadelphia County Medical Society.

The following officers were elected: For President, Dr. D. Hayes Agnew; vice presidents, Dr. J. G. Stetler, Dr. Wm. Goodell; recording secretary, Dr. L. S. Bolles; assistant recording secretary, Dr. Nathan Hatfield; corresponding secretary, Dr. Henry Leaman; treasurer, Dr. Wm. M. Welch; censors, five years, Dr. W. L. Knight; unexpired term, Dr. Robert Burns.

Cold Water for Chancres.

Dr. HÉMARD (in the *Memorabilien*) asserts that for twenty years he has used, and always with success, no other treatment for chancres and chancroids than thorough washing with a stream of cold water every three or four hours. Sometimes he medicates the water with a little chlorate of potash or carbolic acid. In a few days the ulcer changes its appearance, and then he covers it with a thick layer of collodion, and it heals rapidly. The water should be poured in a narrow stream with some force.

Correspondence.

DOMESTIC.

The Value of Gynæcology Illustrated.

EDS. MED. AND SURG. REPORTER:

It has long been my intention to relate, for the encouragement of those similarly situated, my experience in regard to treating cases of female diseases in parts of the country where this specialty is affected to be discountenanced by the mass of the profession. It surprised me no little to see published in the REPORTER for December 23d, 1871, a communication purporting to come from the pen of one of this unfortunately numerous and dangerous class of practitioners, who has the assurance to hide his shame and ignorance under a name he has evidently little right to assume, viz.: *Medicus*.

In justice to your numerous readers, Messrs. Editors, you should refuse anonymous communications calculated to reflect upon any one in our profession. The science of gynæcology, so gloriously triumphant and successful in the relief and amelioration of suffering as it has proved to be in our day and generation, can safely scorn the attacks of such would-be modest pigmies; but none the less ought such a respectable and widely circulated journal as yours to refuse to be the vehicle of their spiteful venom.*

The difficulties I myself have had to contend with I can best illustrate by a narration of facts. In the fall of '69 I was requested, by her husband, to visit a lady of our town who had been suffering for many years with internal and external piles. The diagnosis had been made by physicians previously in attendance, without visual or digital examination, and she had suffered her stomach, in consequence of this squeamishness on the part of her medical advisers, to be made a percolator for every imaginable nauseous tonic and laxative compound. On several occasions she had been so weakened by hemorrhage that she recovered only after weeks of confinement to bed. On proposing a personal examination she, of course, demurred. I insisted; operated by ligature and scissors, and she recovered perfectly. Only yesterday, on bringing her child to be vaccinated, she said, on leaving: "Doctor, I am now a well woman, after years of agony, and I hope God will bless you for making me overcome my false modesty." She could not submit to an examination at the hands of a physician who came to her with the bashfulness and timidity she herself felt.

In August, 1870, I was called to see Mrs. V., a lady about forty-five years of age, who for four years had endured *medical* treatment for a hemorrhage from the vagina. She had been gradually weakened down, and when I saw her she had been bed-ridden more than a year. She had to be fed like an infant; the slightest motion of the body was sufficient to renew the hemorrhage. In December of the preceding year a consultation was held by four regular physicians, three of them graduates of Philadelphia colleges, and she was informed by all that she must die; that it was

*Our correspondent does not quite understand our editorial position. The communication referred to was not anonymous, as the name and address of the author was sent us with the MSS., and we may here say that he is an esteemed and able contributor to other medical journals besides our own. That his opinions differ widely from our own, his article itself broadly confesses, but if for that reason we were to reject contributions, it would destroy the very object and aim of our editorial labors—that of affording an open arena for the untrammeled discussion of all questions pertaining to the welfare and progress of the medical profession. We may here add that we do not publish anonymous communications; but where a writer is known to us to be responsible, he may exercise his option about appearing under a pseudonym.—EDS. REPORTER.

only "nature, the climacteric, etc.," but that the discharge could not be checked. That they had exhausted their means, the cupboard full of bottles and the purse of Mr. V. (he had paid upward of $800 on the case) amply attested. Not one had ever made an examination. I found a polypus, attached by a pedicle of the diameter of about one half an inch, to the fundus of the uterus, and occupying nearly the whole cavity of the vagina. The os was widely dilated, and the uterus almost completely inverted. By means of the tampon, made of cotton, and saturated with a weak solution of tannin, which was the only astringent at hand, I controlled the hemorrhage until I had obtained my ecraseur. This was applied without great difficulty, at 1 A. M., and in half an hour the offending mass was removed. In four weeks this miserable wreck of a once stout and healthy woman was able again to attend to her household duties, and nurse several cases of sickness in the family; and she has since been quite well, the menses returning naturally four months afterward. A friend afterward asked the physician who had been the principal in the above-mentioned consultation why he had not found out the cause of the hemorrhage, and he replied, that he was afraid he would be denied if he demanded a personal examination—that his motive would be misunderstood by the family! Can a *medicus* of that stamp trust himself? His conscience should never allow him to burden his saddle-bags with a speculum. The fact is, he ought to live as a hermit or enter a monastery.

I could adduce scores of cases of positive malpractice, similar to the above—cases of fissure and fistula of the anus, treated for hemorrhoids,—of oophoritis, whose periodical exacerbations condemned their unfortunate victims to suffer the acutest agony from drastic cathartics, one of them also losing all her teeth from mercurial ptyalism, the diagnosis being bilious colic; not to mention uterine diseases without number, treated as spinal affections, diseases of the lungs, of the heart, or of the liver. One more case must suffice:

In June of the past year I discovered and removed a calculus measuring four and one-half inches in its mean circumference, and weighing one and one-quarter ounces avoirdupois, from the bladder of a young woman who had suffered untold agonies from its presence there for ten years, and who had been treated by four or five physicians during that time, not one of whom had ever introduced an instrument into the bladder for the purpose of examination. They were all regular physicians, and stood in high esteem in their neighborhoods. The patient has entirely recovered. I need not say that all these cases have gained me credit from my patients, and no end of ill-will from the physicians into whose domains I had trespassed. But would "Medicus" have us understand that a physician's circuit of country is to be mapped out like the counties of a State? If so, how could young physicians ever legitimately gain a practice in any neighborhood without encroaching upon another physician's assumed territory? I go wherever I am called, and I limit no other man of honorable standing in the profession.

A few words more, and I have done. In reviewing my practice, I must positively declare that I am conscientiously of the opinion that I have done more good, gained more credit, and *earned* better compensation from this one branch of medicine, which "Medicus" and his compeers affect so to despise, than perhaps from all the others included. The suffering, which numbers of unfortunate females in our country are condemned to undergo at the hands of these prejudiced and willfully unenlightened demireps of science, cannot be estimated correctly by any one, except by him who conscientiously ministers to their relief, and he can easily afford to despise the taunts and back-bitings of the small-minded fry who hound in his wake and prate lugubriously of the low standard of morality which can tolerate such humiliating sacrifices of modesty as his treatment demands, in the satisfaction which every honest heart must feel in doing good, and acting according to the dictates of his conscience.

The true physician dare not be swayed by any other feeling. If he mistrusts himself and cannot so far command his passions as to forget, in his attendance upon a suffering woman, that he is a man, far better were it that a mill-stone were hanged about his neck and he cast into the depths of the sea. Then truly is he a shame to his profession, a disgrace to humanity, a stumbling-block and a rock of offense to any community. A physician's life is a high and holy calling, and nowhere more than in the treatment of female complaints can he appreciate the sacredness of his mission. Woe be to him who abuses the confidence of these suffering weaker vessels, and shame to him who judges all physicians' minds in such matters by his own low standard! Thank God, I have yet to say that I ever examined a female unnecessarily, and I thank him, most fervently, too, that my examinations of this sort have been the means of alleviating the sufferings of hundreds! If this subject were but rightly understood by "Medicus" and others of like stamp who hold titles to our profession, we would see no more opposition on the part of our brother practitioners.

The efforts now being made by the Gynæcological Society of Boston to have a chair of Gynæcology attached to every medical college in the country is most praiseworthy, and deserves the hearty support of all. Every one knows, however, that the curriculum already embraces so many branches that in studying all in the limited time required to obtain a degree in this country, one can barely acquire a smattering of some, and a perfect knowledge of none. Their efforts should extend further,

and obtain an extended time for study (four years at least of constant lectures and clinics) at all of our medical schools that pretend to respectability.

HENRY T. BAHNSON, M. D.
Salem, North Carolina.

On Hernia and Trusses.

EDS. MED. AND SURG. REPORTER:

I propose for your columns a few remarks upon the lecture of Prof. JOHN WOOD, F. R. S., on the subject of hernia and trusses, which was published in the REPORTER on the 11th of last November, in which he asserts that the shape, material and adaptation of the truss-pad (evidently meaning a compress) is of more importance than the retaining apparatus. I fully appreciate the importance of these qualities, but no more so than those for retention, as the former would be of as little consequence without the latter, as a carriage wheel without the axle upon which it turns. Without the proper quality and quantity of pressure, the desired object would be defeated. The different properties of a truss are correlatives, which are inseparable without destroying effective force. He claims that the best general outline of a compress (or "pad") for indirect inguinal hernia is an oblique oval, with a flat surface slightly depressed from the margin to the center, and extending half an inch each way beyond the limits of the dilated canal, but that its form should be changed for males to that of a horse-shoe, with a cleft in the *lower* end of the *oval* for shielding the cord and pubic spine from compression; by which he nearly revokes his claim for the use of the *oval*, as comparatively very few but males have indirect inguinal hernia. Now as a horse-shoe (in this country) has but one oval end, this would seem to be the end with the cleft, did he not thereafter state that the *ends* of the horse-shoe (not the oval) lie on each side of the spine of the pubis, which appears to leave the description rather obscure. However, it is perceivable that he, like many others, including most of our truss appliers, adopt the erroneous idea that inguinal hernia cannot be successfully treated without pressure upon the pubis, seeming not to fully comprehend the vast importance of inclosing the "internal ring" by pressure upon the soft parts, without which cure cannot be perfected. Had he advocated the general use of *soft* compresses I could have seen some propriety in pressing upon the pubis; as a *soft* compress upon *soft* parts is not very effective, thus the seeming necessity of the soft pad advocates pressing upon the "external ring" and os pubis. In regard to the necessity, or even the propriety, of having the compress for this variety of hernia extend half an inch in every direction beyond the limits of the dilated canal I cannot admit, for the reason that it would press upon both Poupart's ligament and the pubis, thereby require an unnecessary amount of toleration without diminishing the necessity for the same amount of pressure upon the canal, and also produce the necessity for a greater amount of compressive power in the spring, which unnecessary pressure would necessarily be felt posteriorly upon the points of counter-pressure.

It seems that the professor did not perceive the advantage of having both a pad and compress in front, attached to the compressive power in such a manner as to receive and transfer its pressure from pad to compress, and *vice versa;* each receiving the precise proportion required from different conditions of either the direct or indirect variety, without augmenting the amount of counter-pressure or pressure upon the pubis. By this easily adjusted combination, by which pressure can be increased or diminished upon any portion of the canal, I have prevented protrusion where the tumors had previously extended to the length of ten to twelve inches within the scrotum, by twenty in circumference; and that by pressure upon the soft parts only, with a hard convex compress, less than one and a quarter inches in diameter, and one and three-quarters long. Experience in this kind of treatment, has taught me that there is no danger to the cord or testicle by proper and effective pressure upon the soft parts. I will now close my remarks upon this variety of hernia, by referring to his novel and inappropriate name for the inguinal canal—valvular canal, which name is neither descriptive nor beneficial, in either operations or truss applications; the term is a proper associate of that of "*external hernia*" (for that variety which passes through the "*internal ring*") which name, for the good of students, has been too often imitatingly used; teachers should never multiply unnecessary perplexities or absurdities. In the direct form of inguinal and umbilical hernia, he recommends the ovoid or rounded pad, with a depression or hole in the center, for avoiding any plug-like action, knowing that the natural conclusion would be, that the protrusive parts *would* be pushed into the depression or hole in the center of the pad, he attempts to rebut this reasonable conclusion by asserting that the pressure of the ring pad beyond the margin of the hernial aperture, will keep the tissues stretched across the aperture beneath them, and thereby prevent protrusion; appearing to disregard the fact that the aperture would still exist without the least contraction, and that the integuments generally would yield by distension to the demand of internal pressure, by which protrusion is extended into the cavity or hole in the pad. Thus it will be perceived that his plan can only check the *speed* of advancing protrusion, for the aperture beneath the "tissues" is continually filled with the protrusive parts, when in an erect position. Our object should be to entirely and permanently check protrusion. Here the question may arise, whether this can

be effected; in reply to which I will state that I am using a truss in my practice for the treatment of umbilical hernia, by the application of which protrusion is prevented, and I think nature is assisted to fill the hernial aperture by granulation. The pad is hard, circular and concave, with a round hole in the center. This hole is closed by a compress just the size of the hole and convex on the surface next to the skin. It should fit the hernial aperture loosely, but sufficiently tight to prevent protrusion. It is adjusted to the pad (which extends much beyond the margin of the aperture) upon the same principle of the inguinal truss, so that the pressure upon the compress can be varied according to circumstances.

The professor appears to have a proper idea of the requisites of a femoral truss; but not a perfected plan for its construction. The truss I use for this kind of hernia, has a compress arranged in connection with a pad, upon the same principle as my inguinal truss; but the compress is thrown by an arm, *below* Poupart's ligament, while the pad is above; as any portion of the pressure can be transferred to, and from either end of the compress, it must be admitted to be much more preferable than his plan of sloping off the lower end, to get more pressure upon the upper.

I will now close with a few remarks upon the material for compresses and pads. There should almost never a soft one be used. My patients often tell me how much easier and cleaner my box wood and ivory are than the soft one; but *they* do not seem to appreciate the elasticity of ivory, of which the professor so instructively but unimportantly spoke. Neither can I appreciate the advantage of the air and water pads he so highly commended; for the very reason he would use them I would reject them—that being for their non-resistant properties, or, in other words, for readily adjusting themselves to the shape demanded by their antagonist.

D. L. D. Sheldon.

New York City, January 25, 1872.

A Physician's Buggy.

Eds. Med. and Surg. Reporter:

Hoping it may amuse, if not interest, some of your numerous country readers who "ped, dle pills or pellets" for a living, I send description of a carriage or buggy, which I think physicians may find a convenient and practical arrangement (I mean a four-wheeled carriage, never having used, or fancied, a two-wheeler). In the first place the entrance beneath the seat in front, which is generally left open, should be securely boxed up; secondly, the back panel of the body made to constitute a door, by placing two small hinges at the bottom near each end; then two tiny wire chains attached to the upper part of the door near each lateral margin, the other ends being fastened immediately inside and above the doorway; thus you have a lid that will fold back, thereby frequently forming a convenient dispensing counter; a small till lock with escutcheon or key-ward, also a mortice lifter in the center if desired, to save wearing the key in pulling open, and, which should not be neglected, a key-hole shield which renders the apartment perfectly water tight.

If properly made the molding will not be interfered with and acts as a protector to the upper crack. The entire arrangement instead of disfiguring rather ornaments the posterior of the buggy. With this contrivance we can have a tier of bottles on each side filled with substances that are only occasionally needed, the center being used for hand chests and instruments; besides, we have the foot room and at all times the gratification of knowing our instruments and medicines are securely locked; moreover one is not continually being rubbed or caught between the wheels while reaching in the foot for his box. It matters not how uneven the highway, there is no clanking of chains or rattling of bottles, as might be supposed. After over three years of daily experience with an arrangement of this sort I earnestly recommend it, especially to my country brethren.

One word before parting in regard to size. I prefer twenty-six or twenty-eight inches on the seat; then, if with a tired horse I overtake a lazy pedestrian, I can place myself in the center and in reply to his query very politely say—"I would with pleasure sir, but I haven't room." On the contrary, if a lady wishes to go driving, I save a hire and also have the pleasure of close quarters.

Very truly yours,

J. S. Aydelott, M. D.

Snow Hill, Worcester co., Md., Jan. 18, 1872.

The External Use of Chloral Hydrate.

Eds. Med and Surg. Reporter:

I am in receipt of a note from my friend, Dr. W. A. Brock, of Platte county, Mo., detailing briefly his experience with chloral hydrate as a local anæsthetic. I may explain that the patient to which the quotation below applies was a young gentleman who had suffered many years from hip-joint caries, and had recently undergone an operation of resection at the hip, or some other severe surgical procedure, and had, while suffering from this cause and a severe pulmonary trouble combined, come under the care of my friend.

The doctor says: "I can only say in a private way that the hydrate chloral was used for about one month prior to the death of T. W. A solution of grs. xxx was applied to the fistulous openings—there being five of them with extensive excoriations from sloughing of skin and cellular tissue; the shining red muscular tissue was laid bare from disease and the chloral applied directly to the parts devoid of skin. Anæsthesia by this means was complete for eight or ten hours, when it would be repeated. After commencing the local appli-

cation it was kept up until death, and although the patient had lost much of his physical integrity, he no longer suffered pain. During this time the discharge of pus and carious osseous material from the five openings near the joint was most profuse.

"I have been much pleased with the effects of chloral in traumatic lesions. An Irishman came whose thumb had been badly mashed, the nail torn from its bed, etc. I applied the usual dressings, and after four days he returned, complaining very much, and saying he had not slept a minute since the receipt of the injury; chloral was prescribed [internally I presume.—C.], and from that time forward he lost the pain and regained his sleep. I could dispense with any article of the materia medica better than with chloral hydrate."

The doctor evidently did not intend the above for publication; but as I have nowhere seen the *local* application of the wonderful hypnotic recommended, I think the suggestion worthy of publication. Circumstances may often occur in which the administration of the remedy in this way might be of great value. *The hypodermic* administration of the remedy may become a usage in the future.

Respectfully,

J. P. CHESNEY, M. D.

St. Joseph, Mo., Jan. 23, 1872.

NEWS AND MISCELLANY.

The Chicago Medical Relief Fund.

The following are the donations of the physicians of Philadelphia for the benefit of the Chicago and far-western sufferers, received by Dr. LUDLOW, treasurer of the fund:

Prof. Samuel Gross	$50 00
" Joseph Pancoast	50 00
Dr. Wm. Hirstman	50 00
" C. W. Homer	50 00
Cash—E. H	20 00
Dr. H. Lenox Hodge	25 00
" Morehouse	25 00
" McCuen	25 00
" Murray Chester	20 00
" Geo. W. Norris	25 00
" Caspar Morris	100 00
" Hutchinson	25 00
" J. Ray	20 00
" Wm. H. Pancoast	25 00
" J L. L	16 00
" Washington Atlee	10 00
" J. M. Adler	10 00
" Wm. Ellishaur	5 00
" P. Hara	5 00
" L. D. Harlow	5 00
" Andrew Nebington	15 00
" Julius Kammerer	10 00
" H. D. Benner	10 00
" L. P. Kerchline	10 00
" Chr. Roller	5 00
" Piper & McAdam	5 00
Dr. Theo. Roth	3 00
" Shelley	2 00
" Emil Fisher	5 00
" A. Weber	2 00
" W. Wentler	5 00
" H.—cash	2 00
" Schrott	2 00
B.—cash	2 00
E. Hemrig, druggist	5 00
B. W. Fetters, druggist	5 00
L.—cash	2 00
Dr. Hunter	5 00
" Harlan	5 00
" Strawbridge	10 00
" Benj. Lee	10 00
" L. S. Rolles	10 00
" Coates	5 00
" Wikard	5 00
" J. C. Morris	10 00
" Thomson	5 00
" Wm. F. Norris	10 00
" Wm. Pepper	10 00
" J. Ewing Mears	5 00
" B. Lincoln Ray	5 00
" H. Mullen	2 00
" L. Preston Jones	10 00
" S. Killem	2 50
" Hetzell	2 00
" J. T. Stockton	2 00
" Fieldstein	3 00
" Fox	10 00
" Rush	5 00
Cash	11 00
Dr. Gold	2 00
" M. L. Smith	1 00
" Urquehart	10 00
Cash—L. G	5 00
Dr. Leaman	5 00
" Mifflin Wistar	25 00
" A. B Hinkle	5 00
" J. Solis Cohen	5 00
" Collins	6 00
" Wm. M. Welsh	2 00
" C. H. Miller	2 00
" J. K Uhler	5 00
" H. N. Uhler	3 00
" J. P Riley	2 00
" J. Ross Bunting	5 00
" Todd	5 00
" Chas. Schaeffer	10 00
" G. B. Wood	25 00
" T—— cash	5 00
" Stetter	10 00
" T. Tarrow	10 00
" Eshleman, books and	20 00
" Wm. T. Taylor	10 00
" J N. Walker	10 00
" E. R. Prall	10 00
" S N. Trote	10 00
" W Ribl	10 00
" Schoales	10 00
" Buckley	5 00
" R. H. Lee	10 00
" Nash	5 00
" Miles	5 00
" J. C. Norris	5 00
" Houghton	10 00

Dr. J. P. Carson..... 10 00
" J. E. Roberts..... 5 00
" Wm. M. Turner..... 5 00
" Corbet, thirteeen volumes.
" Coates, small pocket medicine case.
" R. E. McIlwaine, one copy of Practice Surgical Anatomy.
Mr. Gemrig, six cases of pocket instruments.
Dr. Rhein, a few instruments.
Anonymous—forceps, speculum, etc.
Dr. Sargent, books.

For General Fund.

G. W. L.....$ 1 00
A. L. 5 00
E. D..... 5 00
Dr. Stetter 10 00
" Rihl 10 00
" Rosenbergher..... 10 00

For North-western Fund.

Dr. F. W. Lewis.....$25 00
L. L..... 50 00

The following letters have been received:

No. 384 MICHIGAN AVENUE,
CHICAGO, Jan. 10, 1872

H. LENOX HODGE, M. D.,
No. 903 Walnut Street,
Philadelphia, Penna.:

Dear Sir—Your letter of the 6th inst., to Dr. N. S. Davis, was laid before our committee at its last meeting, January 9th.

You are kind enough to say that the physicians of Philadelphia had contributed the sum of $1,000 toward the alleviation of the necessities of their Chicago brethren.

I am instructed by the committee to express, as far as can be done in language, the deep and heartfelt gratitude of the profession here for this additional expression of generosity and sympathy from Philadelphia physicians. And, also, to suggest that in view of the difficulty of ascertaining the exact necessities of every individual on our list of more than one hundred sufferers, we deem it best to accept, in their behalf, your offer of money, which each can use as his own judgment may dictate.

Please send contributions of all sorts to my address, and oblige yours, very respectfully,

WALTER HAY, M. D.

No. 384 MICHIGAN AVENUE.
CHICAGO, Jan. 19, 1872.

H. LENOX HODGE, M. D.,
No. 903 Walnut street,
Philadelphia, Penna.:

Dear Sir—Yours of the 13th inst. was rececived on the 15th. I have been prevented by illness from acknowledging it sooner. (Dr. Ludlow's letter, with check for $1,115 inclosed, also received.)

In the name of our committee, in behalf of our suffering physicians, accept from me the assurance of our most profound gratitude for this substantial manifestation of charity and professional regard.

Thanks to the benevolence of yourselves and professional friends in other cities, our physicians are now placed in position to help themselves.

Accept my thanks for your kind attention regarding the catalogues, and believe me, very respectfully,

WALTER HAY, M. D.

The Loss of a Leg.

An ex-army officer, who lost a leg during the recent civil war, has been so impressed, with the peculiarities of his situation and the novel adventures and incidents growing out of that situation, that he has written a book on the subject, entitled "John Smith's Funny Adventures on a Crutch." The author complains good naturedly that he is looked upon as public property, and almost bored to death by the many inquisitive strangers he meets in his travels. "I can never," says he, "obtain a moment's rest in any public place. I no sooner take a seat in a car, restaurant or lecture room, than some one near me, whom I have never seen before, introduces himself with the stereotyped remark, 'I see you've met with a misfortune,' and on my assenting, proceeds to ask the following questions:

"'Did you lose your limb in battle? What battle? Did a cannon ball take it off? A rifle ball, eh? Did it knock it clear off? Did it sever an artery? Did it hit the bone? Did it break it? Did you afterward find the ball? Was it crushed out of shape? Did you fall when hit? Did you walk off the field? Who carried you off? Did you feel much pain? How long after you were wounded was it amputated? Who performed the operation? Did you take chloroform? Did it put you to sleep? And didn't you feel the operation? Not even the sawing of the bone? Could not your limb have been saved? Was it taken off right where the wound was? Can you wear an artificial leg? Would the government furnish it if you could? Do you draw a pension? How much? How old are you? What is your name? What did you do before the war? Don't you often wish you hadn't lost your leg? How does a person feel with a leg off? Does it ache when the weather changes? Would you rather lose a leg than an arm? I have heard persons say that an amputated limb still feels as if it were on; is that so? How do you account for that?'"

The Effect of Light on Small-pox Pustules.

Among the many investigations now being made of the chemical action of light, there are none more interesting or more important than those which are directed to the observation of its effects on the health. It has been observed by Dr. WEBER that the sensibility of the skin is very much increased in those parts

of the body which are always exposed to the light, and this difference has even been measured by that eminent physic an. This remarkable fact is especially observable on persons suffering from small pox, the severity of the skin disease being visibly augmented if the patient be not confined in a dark room. Dr. WATERS has recently published a paper on this subject, in which he states that if the room be so darkened that not a single ray can enter it, the effect is to arrest the disease at the papular or vesicular stage; it never becomes purulent, and the skin between the vescicles is never inflamed or swollen; the *liquor sanguinis* is not changed into pus, nearly all the pain and itching are absent, and the smell is, if not entirely removed, greatly diminished. Another advantage, important in a therapeutical point of view, is the assistance given to med.cines, the absence of light increasing the excretory powers of the skin.

——It is proposed to place a stained window in Berkeley Parish church in memory of Dr. EDWARD JENNER, the discoverer of vaccination, who was born at Berkeley, lived and died there, and was buried in the chancel of the parish church. The subject of the window, which will cost £500, of which £100 has been subscribed, is to be "Christ healing the sick."

——The *British Medical Journal* hears that Prof. HUXLEY's health has given way under the strain of continuous exertion, and that he has been advised to absent himself for a time from all occupations as the best means of restoration. Mr. HUXLEY was to spend two months in the mild climate of Egypt, whither he has repaired; and there was every reason to hope that he will return restored to health and vigor.

——The *British Medical Journal* states that on the day Dr. GULL was sent for to Sandringham, he was to have formerly received the appointment of consulting physician to Guy's hospital. Although the dinner which was to have taken place on the occasion did not come off, the appointment has been accepted by Dr. Gull.

——Dr. R. C. SWAIN, of Shannon, Illinois, while in the act of getting on a train at Clinton, Wisconsin, recently, accidentally fell between two coaches, and the forward wheels of the last coach passed over his body about the hips. He lived but a few moments.

QUERIES AND REPLIES.

An Obscure Case.

MESSRS. EDITORS: A medical friend was taken about two years ago with an aching pain in left hip near the trochanter, which lasted about two months, when he was attacked with intermittent fever which lasted several months, during which time the pain was not troublesome, but his gait at this time became unsteady. After disappearance of the chills pain returned, and has continued up to the present with short intervals of relief. Manipulation detects no special local tenderness. Pain is worse at night; he cannot lie on the back or affected side without greatly increasing it. His position is on the right side with affected limb completely flexed upon the body. Changing position relieves pain temporarily. Different skillful physicians have diagnosed the disease as sciatica, sciatic rheumatism, rheumatic neuralgia, rheumatic affection of membranes of spinal cord and neurilema, etc., etc., and he has faithfully carried out the usual modes of treatment for such cases, without anything more than a temporary relief.

Now can you and your readers suggest some remedy for this afflicted brother, who is every way worthy of professional courtesy?

Cairo, Ill. H. W.

Text Books.

Dr. J. F. K. of Iowa.—In our opinion Gray's *Anatomy* Parke's *Hygiene.* and Kirke & Paget's *Physiology* are the best. Dalton's *Physiology* is well written, but not a complete survey of the science.

Is a Diploma Necessary to Practice?

MESSRS EDS:—Under Queries and Replies, MED. & SURG REPORTER, No. 11, Vol. 25, Mr. G. B. P., of Pennsylvania, asks whether a diploma is a legal necessity to practice medicine in Pennsylvania, Maryland, and West Virginia. You reply you believe not in either of the States mentioned; certainly not in Pennsylvania. If you are correct, what does act No 659, page 707, pamphlet laws, 1870, mean, at least with reference to counties named?

D. M. THOMPSON, M. D., Mahanoy City.

Mineralogy.

Dr. T. C. L., of Pennsylvania.—Dana's *Mineralogy* is the best it can be obtained through this office or of any books ller; price about $5 00. Plumbago is a valuable article, and is extensively used in the arts. The sale for black manganese is less important.

MARRIAGES.

BLACK—GROOME.—On the 31st ult., at Elkton, Md, by he Rt. Rev. Henry C. Lay, bishop of the diocese of Easton, John L. Black, M. D, of New Castle, Del., and Jennie Groome, daughter of the late John C. Groome, of Maryland.

HUNT—SNYDER.—In Utica, N. Y., January 17th, 1872, at the residence of the bride, by Rev. Ross C. Houghton, assisted by Dr. L. C. Queal, Dr. Jacob Hunt and Elizabeth A., daughter of the late Henry W. Snyder, Esq., all of Utica.

KENNEDY—REYBOLD.—January 24th, at Marsh Mount, by the Rev. G W. Kennedy, father of the bridegroom, assisted by the Rev D. J. Beale and the Rev. Mr. Porter, Stiles Kennedy, M. D., of Newark Del, and Miss Mary, daughter of Mr. William Reybold, of New Castle county, Delaware.

MORGAN—TOWNSEND.—At the Church of the Annunciation. New York, January 30th, by Rev. R. U. Morgan, D. D, Bankson Taylor Morgan, youngest son of the officiating clergyman, and Catharine Down, eldest daughter of Dr. John F Townsend, all of that city.

PRINGLE—COOPER.—By Rev. N. C. Helfrich, Jan. 15th, 1872, Dr. George W. Pringle, of New Concord, O., and Miss Jane Cooper, of Norwich O.

DEATHS.

GIBSON.—Dr. Gibson a prominent physician at Bellville. New Jersey, died suddenly January 30th, of heart disease.

OELLIG.—In Waynesboro, Pa., January 23d, 1872. Dr. John G Oellig. Dr. O practiced medicine in Waynesboro forty years or more.

PIKE.—On the 14th of January, at Sutton, N. H., Eva Pike, wife of Dr. C. C. Pike, only child of Thomas C. and Louisa B. Pike, of Hopkinton, N. H., aged 27 years, 3 months and 4 days.

THE

MEDICAL AND SURGICAL REPORTER.

No. 781.] PHILADELPHIA, FEBRUARY 17, 1872. [Vol. XXVI.—No. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MANUAL PRESSURE IN PARTURITION.

By J. H. Maynard, M. D,

Of Unity, Maryland.

An article in the *American Journal of the Medical Sciences*, showing by a detailed history of several cases the valuable aid derived from the external application of cold water as an oxytoxic, recalled to my mind the fact that I have seen very little in the literature of our profession with regard to another agent upon which I have confidently relied in all cases of labor protracted by uterine inertia, for the past year or more; and it is one which has never failed to arouse the lazy uterus to a proper and active performance of its parturient function.

The agent I alluded to is pressure with the open hand or hands properly applied to the part of the abdominal wall corresponding to the fundus of the uterus. Most of the text books with which I am familiar are either silent upon the subject, or they give to it a mere passing notice. Can it be that their authors were unacquainted with its marvelous efficacy?

I believe it was suggested in 1856 by Von Ritgen, and in 1867 Kristler first practiced it. My attention was first attracted to it by an article in the Medical and Surgical Reporter, I forget by whom, and it being of so innocent and harmless a nature, I resolved to test it the first opportunity; and I did so.

The causes which trammel and impede the gravid uterus in its efforts to expel its contents are various and are often of so complex and serious a nature as to demand prompt and energetic medical, and it may be surgical, interference for their removal, and that being accomplished, the womb will at once resume its normal activity and the case proceed to a successful and happy termination. But these are delays which seem to be owing to no appreciable lesion, and it is in these cases that the agent with which I have headed this article acts so satisfactorily.

Ergot has been, and is still, relied upon by practitioners as the motive power to draw them and their patient out of the obstetrical mire into which they have fallen; and it will often succeed, but generally at the expense of the fœtus, whose life is often lost in the struggle. In my earliest obstetrical teachings my mind was awakened to this direful effect of this drug, and in all of my practice I have administered it but once as a parturient, and then the life of the fœtus was believed to be extinct.

I have repeatedly prescribed morphia sulph. to compose the patient, when she was being harassed by spurious labor pains, with the happiest effect. I have administered it to travailing women whose sufferings had almost exhausted their vital powers, and by temporarily relieving the pain, sleep, calm refreshing sleep, would be followed by rapid delivery. But morphia has been known to do harm, and if danger to mother or child should be heralded, we cannot remove the offending cause, when it is operating from within as we can a mechanical agent operating from without.

Now I seldom use anything but pressure. As soon as I find the uterus relaxing its expulsive efforts and spurious pains setting in, I at once apply my hand or hands, and all is soon put to right; the spurious pains are checked; the womb is aroused; true labor

pains are brought to work, and soon the wail of the new-born falls like sweetest music upon the ears of the hard-wrought mother and anxiously listening father.

I shall not attempt to give the *rationale* of the action of pressure. I leave that to be explained by some of my more erudite brothers. I can hardly believe that it is *pressure alone* which gives such a happy result, as it has been confidently asserted that the combined force which is brought to bear upon the fœtus in utero in order to accomplish the act of parturition amounts to a little over five hundred pounds. Hence I can hardly believe that such a great thing could be consummated by the comparatively slight additional pressure imparted by the hand of the accoucheur.

I will now give a brief history of one of the many cases in which I have so successfully and so satisfactorily used manual compression: Mrs. G., æt. about 30 years, small and rather delicately constituted, sent for me on the night of the 21st of last June. She stated that she had been suffering about five hours; her pains were quite frequent but very trifling. They seemed to be altogether spurious, the effect of which was only to excite and weaken her. An investigation elicited the information that her previous confinements had lasted from twenty-four to thirty-six hours (this was her fourth confinement but the first time my aid had been invoked); that she had always suffered a great deal during her accouchment and afterward.

Having made a thorough examination into the state of the os uteri and its contiguous parts, and finding no cause to apprehend any serious obstruction or complication, I concluded, as I usually do in such cases, to wait awhile and watch. Two or three hours thus passed by, and nature's efforts to bring about the much desired result having failed, and as my patient's strength was evidently giving away under the morbid excitement, I determined not to wait any longer but to apply my sheet-anchor at once.

She had been up and down in the bed and out of it, walking the floor ever since I had been with her. So I had requested her to be seated upon a chair, with which request she readily complied, and as soon as she felt the effect of an approaching pain, I applied both hands to the abdomen, immediately over the fundus uteri, and gently but firmly pressed downward and backward, until the pain began to subside, when the pressure was immediately removed; and it was renewed at each succeeding pain until there were manifestations of more uterine activity, when it was withdrawn, andthe patient again assigned to the hands of nature. But finding after awhile that the uterus was fast relapsing into its former unpromising state, I again applied the pressure, and in a very short time the uterus became so active and the pain so severe that my patient was sent to bed for investigation into progress. As soon as she was comfortably in bed digital examination was made, and the first object my finger encountered after entering the vagina was the funis, a large loop of it having slipped by the breech, which part I then found to be presenting, and lay coiled up there. There was evidently work before me.

A little more firm pressure rendered the uterus sufficiently active to be left to its own efforts, and my attention was directed to the fœtus and the presenting funis. As soon as the breech reached the outlet, which point it soon reached with the presenting part of the cord in advance, I desired the patient to assume the knee-elbow position, which was readily complied with and accomplished. Two fingers of the right hand were then inserted between the presenting breech and the posterior vaginal wall, carrying with them the then protruding cord above the fœtal crest of the ilium, when, as if summoning all of its force, the uterus made a vigorous effort and the child was delivered "safe and sound."

She was in labor about ten hours, less than half of any previous accouchment. No after trouble.

I prefer this manner of interference in protracted labor, on account of its efficacy and its safety to both mother and child. It is perfectly safe, because always fully and entirely under the control of the accoucheur.

STRANGULATED FEMORAL HERNIA OF ONE HUNDRED AND TWELVE HOURS' DURATION.

By George Hill, M. D.,

Of Hughesville, Pa.

Mr. George W. Lyon, æt. 78 years, had, for some time, a small *lump*, appearing and disappearing, in his right groin.

On Thursday, November 16th, at 10 o'clock A. M., he was taken suddenly ill with colic, and on Saturday morning, the 18th, I met his

attending physician in consultation. An oval tumor, somewhat larger than a hen's egg; the long diameter parallel with Poupart's ligament and the femoral artery pulsating beneath it, was found to be the cause of his pain and distress.

An operation was not immediately determined on until ice, warm fomentations, and other relaxing remedies had been more fully tested; for the doctor had already made a somewhat persevering effort by etherizing and manipulation.

On Monday evening (the 20th) at 10 o'clock the following dispatch arrived: "Wm. Lyon has had fecal vomiting for more than twenty-four hours; is very ill; come on." I wish to say that I do not hold the physician in attendance responsible for this great delay. Prejudice and fear of cutting are forces that too often baffle, more or less, the convictions of the well-meaning physician, especially when the parties who are his patrons have positions.

Having arrived the same night, after a drive of twelve miles, at two o'clock A. M., with the assistance of Doctor RAPER, I operated by making a vertical incision of two and a half inches in length over the center of the tumor. The strangulated knuckle of the colon had become adherent to the sack throughout, and required complete breaking up before it could be reduced, even after the stricture had been effectually dilated. A local peritonitis, to the fullest extent, existed; a condition similar to what is met with in regular idiopathic peritonitis *post-mortem*.

This accounts, of course, to some extent for the result in this case; it being an *imperfect strangulation*. The operation was rendered especially tedious by reason of the inflammation and adhesion, even of the various coverings of the hernial sack. Though the parts were as much relaxed as possible by position, it was only found safe to cut after pinching, raising and rolling between the thumb and finger of the left hand, the various coverings of the sack, which by the way, it seems to me, is the only safe plan to proceed in this operation in any case; and the stricture too is better overcome, certainly more safely with the handle of a common dissecting scalpel, especially where the arteries are pulsating on all sides. In view of the delay already spoken of and the condition of things generally, the prognosis seemed very unfavorable. Notwithstanding, however, in three weeks the patient was able to be about the room; and is now restored to health.

There are certainly some points of interest in this case.

1st. The great length of time (112 hours) the strangulation existed.

2d. The extent of disorganization of the intestine, approximating to all appearance, nearly as may be, gangrene.

3d. The great age of the patient.

One of the conditions, as I view it, which rendered a cure in this case possible, was the free outlet for the escape of morbific humors.

What an outlet will sometimes do in a great strait let the following report from another field suffice. Joshua Webb, of Lime Ridge, Columbia county, Pa., æt. about 45 years, became the subject of apparently an incurable, abdominal dropsy. I tapped him June the 15th, 1852; removed 32 pints of fluid. The second tapping occurred August 22d, 1852; amount, 34 pints, with no better prospects for the future in any respect. Having reduced the patient once more to fair proportions, snugly bandaged him, and emphatically telling him what not to do, I bid him farewell for the present. When, fortunately, contrary to directions, he walked (the day being oppressively hot) to the basement of his saw-mill, and lay down near the water and fell asleep. He awoke with a violent chill, which was followed by excruciating pain and great tenderness throughout the abdomen. I had before *written this case a forlorn hope*. Now, I had in addition, a case of acute peritonitis, and especially should I have been grateful for the placebo or catholicon, that would have *let him down easy*. But to my utter surprise and pleasure, after a few days of great suffering, a sero-purulent discharge was set up from the opening in the linea alba—his pain gradually declining; and the result was, that by the next tapping period, this freak of my disobedient patient resulted in an absolute cure.

Vitality Statistics.

In New Jersey the reports filed in the proper department show that in that State, during 1871, there were recorded 6,067 marriages, 19,103 births and 9,526 deaths. The figures for Burlington county are, marriages, 214; births, 762, and deaths, 634; for Camden county, marriages, 300; births, 913, and deaths, 416; for Gloucester county, marriages, 150; births, 515, and deaths, 194.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. Hayes Agnew.

[REPORTED BY DE F. WILLARD, M. D.]

Fibro-Sarcomata.

This man, æt. 58 years, presents himself with a large mass situated in the left groin, or more accurately speaking, there are four or five masses, lying along Poupart's ligament as far out as the crest of the ilium, and down upon the thigh. They are hard, dense, and inelastic, and vary in size from that of a walnut to a large egg. I find that they are not adherent to the skin, and as the thigh is flexed upon the abdomen, you will notice that they become freely moveable, but when it is extended, they are much more fixed. What does this signify? It simply assures us that they are attached to the deep fascia, that strong, dense membrane which covers in all the muscles of the thigh, and becomes thinner as it gradually reaches the sartorial portion. They have very much the appearance of enlarged glands, yet are not quite as regular in form. Two years ago I removed a similar, though smaller, growth from this same region, which had been growing for ten years, but in six months it commenced to reappear, and now, in eighteen, has attained the size which you see.

The cicatrix of the old incision is plainly visible, but these tumors are situated at points in close proximity, or a distance of a few inches. To the cicatrix the skin is adherent, but at other points there is no attachment. In one or two places the integument is red and inflamed, presenting much the appearance of a pointing abscess.

The man is red and florid, yet he informs us his health is not as good as it was one year ago. He has suffered but little pain, yet of late a few twinges are perceptible.

Now what is the nature of these growths? I know from the former observation that they are fibrous in their character, and now, from the clinical history and appearance, we can be almost certain that they are fibro-sarcomata—"recurring fibroid," as Paget called them. As a rule these tumors are composed chiefly or entirely of oval or elongated or filamentous cells, resembling the so-called fibro plastic cells, together with other developing embryonic structures, and with little or no intercellular substance. When the fibrous element predominates we have the true fibro-sarcomata. When these embryonic structures are found in excess, the prognosis is rendered much more unfavorable. In pure fibroma the growth is usually central, and they are not infectious; that is, neighboring portions do not unite, infiltrate, and cause degeneration of the surrounding tissues. If they are infectious they are usually fibro-sarcomata.

By sarcomata I include all tumors described by Billroth as consisting of tissue belonging to the development series of connective tissue substances (as connective tissue, bone, cartilage), which as a rule, do not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms. I believe he also includes muscles and nerves among the tissues liable to this form of degenerate development; but others exclude them.

The name sarcoma does not necessarily imply that a growth shall have the appearance of flesh (from sarx), for it may be yellowish or white or brown or gray, dependent either upon its vascularity or to blood extravasations in its interior. Different forms of cells are often seen in the same sarcomatous mass.

Sarcomata vary in their character, from the most benign to the most malignant forms, and it is unfortunate that the microscope is, as yet, unable to yield a positive diagnosis, and we must depend upon clinical observation.

The prognosis will depend upon the consistence, location and rapidity of the growth. Slow progress is favorable, as is also firm consistence. The worst forms are the alveolar, soft granulation, spindle-celled and black forms.

In the recurring forms the return is, as in the case before us, at or near the former seat, at which place it may continue to reappear after several operations, or until at last some other organ, as the liver or lung, becomes likewise implicated and the patient dies; yet this may not be until after many years, especially in these fibro-sarcomata.

This is quite different from carcinomata, as you will see, and for the reason that the latter are more general or constitutional in their forms. They are also apparently transmitted by the lymphatics, while sarcomata follow the course of the veins, and are consequently secondarily found most frequently in the lungs.

A fibro-sarcoma is also more likely to return in loco, from the fact that it is not definitely limited or encapsulated, and portions may, therefore, remain unremoved, a circumstance which would almost certainly assure a speedy reappearance.

In this man's case I endeavored to extirpate everything at the other operation, but it has returned, and I have told him that it may do so again. This time, however, I shall be still more careful, and carry my incisions far out into the healthy tissues. I shall also remove a considerable portion of the integument, and if the wound cannot be brought together will allow it to heal by granulation. The growth is attached to the deep fascia, but there is no great danger in the operation, the great vessels only being avoided at the inner portion of the incision.

(The large, dense masses were then removed, and the wound partially closed. Carbolized oil was used as a dressing, followed by simple cerate, and later by ung. zinc. oxid. with an occasional gentle stimulant. Under this treatment it healed rapidly.

The microscope showed the tumor to be

composed of round and spindle-shaped cells, the latter being in excess. It will probably return.—De F. W.]

Varicose Veins.

Here is a man who is suffering from a dilated condition of the veins of his lower extremities. You will see the large tortuous dark vessels as they rise up beneath the skin at all points from the knee to the inner ankle. They are branches of the internal saphena, which is a vein peculiarly liable to this malady. It arises from a degeneration of the coats of the vein, rendering them unable to resist the strain brought to bear upon them when the patient continues long in the upright position. The danger from this difficulty arises from the fact that the dilated calibre renders the valves ineffective to support the weight of the column of blood, and stasis necessarily occurs. In consequence of this, a slow form of inflammation is likely to result in ulceration and sloughing, which is often exceedingly difficult to cure, in fact, these varicose ulcers are one of the most troublesome surgical maladies with which you will meet, resisting all forms of treatment, for the simple reason that the cause is constantly in operation, and nutrition is impaired.

The means proposed for the relief of these varicosities are various. These veins are so superficial that it would seem a simple matter to obliterate their calibre, and such operations are frequently done, yet after a considerable experience with them in various forms I am compelled to say that I cannot recommend any. They are to a certain degree unsafe, since phlebitis will occasionally follow their use, no matter how carefully done, and farther, they cannot be curative, since the same disease of the veins must remain, and the current being thrown now upon the deeper vessels, will produce a like condition in their calibre, which, though unseen, is yet more detrimental to the healthy nutrition of the tissues.

At times, however, the operation is justifiable as a temporary relief, or in order to cure an obstinate ulcer. The object is to produce obliteration, and this may be done by forming a slough with caustic-potash or Vienna paste, or by a division either directly or subcutaneously, or by various plans of ligature. I would recommend either the plan of passing pins beneath the vein at several points, and throwing around them a figure of 8—suture, which should not be allowed to remain in position long enough to ulcerate through, but simply to arouse sufficient inflammation to favor adhesion of the walls; or else producing over two or three points of the main trunk of the vein, an eschar with Vienna paste. Any operation, however, is seldom advisable, but I shall rather direct this patient to procure an elastic web stocking, which, by equalizing pressure, will nicely support those weakened vessels. Such support might be given temporarily by a bandage, or by a laced stocking, easily made by splitting up an ordinary stocking and running a lace-string through eyelets upon one side.

Editorial Department.

Periscope.

Treatment of Ozæna.

Dr Prosser James says on this subject: In every case local measures should be resorted to, and in the great majority, constitutional remedies are indispensable. The first point is to clear away the discharges. Until this is accomplished, the diagnosis itself cannot be made. "What," said the author, "can the most skillful use of the rhinoscope show on a surface covered with discharge?" The use of the nasal douche was said to be then the first measure. This will probably have to be continued assiduously. At first common salt, chlorate of potash, carbonate of soda, or other alkali, should be used in the proportion of a teaspoonful to a pint or a quart of tepid water. Other substances had also been used by the author, and amongst them chloride of aluminum. This gave fair results, but the best remedy was a permanganate. The comfort this gives to patients is remarkable, and under its persistent use, the membrane assumes a healthy appearance. It at once removes the fœtor in many cases, and this is all in all to the patient. A weak solution may be employed at first, gradually increasing it until it produces a little smarting, for it should not be forgotten that this substance is a powerful caustic, one of the best and safest we can employ. Ulcerations and erosions may be touched with a strong solution or with a paste, and the whole membrane thoroughly and frequently washed with a weak solution by means of the nasal douche, the atomiser, and camel-hair brushes. Mercurial lotions are used by some, but are not so effectual as permanganates, and the risk of absorption, after the recent case of a far more justifiable resort to the mineral, cannot be overlooked. Various powders by insufflation

are sometimes effectual, though this mode of medication has serious drawbacks. Inhalation of vapors, especially that of iodine, is often of great value. Of course, small abscesses are to be opened, pieces of exfoliated bone removed, and other ordinary indications carried out. With regard to constitutional treatment, scrofula has already been mentioned. Anæmia and any cachexia may be present, and if so is of the greatest importance. Then as to syphilis. It must always be treated through the system. Some would use mercury for syphilitic ozæna, but the author does not employ it. Sir B. BRODIE thought it hastened the separation of dead bone. Mr. HENRY LEE, had mentioned to the author some cases that benefited by calomel baths. The author would rather iodize than salivate. He gave iodide of potassium in large doses. The dose is to be measured by its effect on the disease, and the ability of the patient to bear it.

Although iodide of potassium is the most common form of administering iodine, one object of this paper was to bring before the Society the value of other preparations of the metalloid. The author had obtained important results in syphilitic diseases of the throat, nose and mouth, from other iodine salts. It is clearly not the potash which cures sylphilis, and feeling this he gave full trial to iodide of sodium. Soda is a constituent of the frame, and is always more easily assimilable than potash. The sodiac salt is more pleasant to the taste. Weight for weight it contains more iodine than the potassic salt. It can frequently be taken by patients who cannot tolerate the more commonly used salt. When abroad, the author learned that his experience was corroborated in the Vienna hospitals.

Iodide of calcium was also pronounced an excellent preparation. It is easily borne by the system, and much more agreeable to take. It may in fact be used as a substitute for table salt. It is really desirable that the profession should recognize that all the salts of iodine are not so unpalatable as the one in common use. A specimen of iodide of calcium was exhibited, which had been prepared for the author by his accomplished friend, Mr. TICHBORNE, of the Dublin Apothecaries' Hall. It was, when formed, a beautiful crystalline mass, but had been broken up. The iodides of sodium and calcium were introduced to the Society, because though often used abroad, they had not been employed much in this country, while the iodide of ammonium since being introduced by Dr. RICHARDSON was frequently used. Idoform was also mentioned by the author; but its therapeutic properties seemed to require further investigation.

Treatment of Erysipelas.

In the *Deutsche Klinik*, No. 39, is a paper from the pen of Professor ESTLANDER, of Helsingfors, upon "The Subcutaneous Injection of Morphia in Traumatic Erysipelas." He states that he employed this injection originally in his clinical practice, in combination with the so-called abortive treatment (chiefly by means of tincture of iodine), mainly with the view of relieving the heat, tension, and pain of the inflamed skin. It was soon found, however, that the morphia must have exerted other effects also, so quickly was the course of the disease mitigated. It was, therefore, used in a series of cases as the sole local remedy, and the conviction became established that it must have exerted a direct influence on the inflammatory process, diminishing its intensity and arresting its progress. When the limits between the inflamed and healthy portions of the skin are not very clearly defined, and the process manifests itself in the form of large red spots gradually approaching each other, if we inject near the affected parts we usually find next day that the erysipelas has not extended farther, or has done so only to an insignificant extent. In cases in which the limits of the reddened and swollen skin are well marked, if we make some injections in its vicinity, we may find that the inflammatory process, which during the preceding twenty-four hours had made considerable progress, is sometimes at once arrested, but more frequently it continues in a diminished degree, gradually yielding in the course of a few days to a continuation of the treatment.

In the worst cases of erysipelas ambulans, as in the severe epidemic form, or where a peculiar disposition of the individual prevails, the morphia exerts as little effect as any other of the so-termed abortive remedies. In estimating how far the results depend upon the peculiar nature of the erysipelas itself, and how much they are ascribable to the injections, Professor ESTLANDER has undertaken many comparative trials, and he could relate many cases in which, while a rapid improvement followed the use of morphia, other cases treated at the same time, either expectantly or by means of other remedies, were much slower in their progress. Still, he is too well aware of the capricious character of erysipelas to venture to deliver any categorical judgment upon the subject. But a five years' experience has convinced him that these injections constitute a better mode of treating erysipelas than many other means.

For the injections, two grains of the chlorate or acetate of morphia are dissolved in a drachm of water; and as Luer's syringe holds about a quarter of a drachm, of which a quarter or a half is injected, it follows that the dose varies from one-eighth to one-quarter of a grain. As, so far from the erysipelas ever appearing at the small puncture-wounds, these and their immediate vicinity are always respected by it, the dose may be distributed over different parts of the healthy skin, at a distance of one or two inches from the limits of the inflamma-

tion. Usually the injection is made only once in the twenty-four hours.

Professor Estlander has no intention of proposing this as an exclusive method of treating erysipelas, believing, on the contrary, that one of its advantages is that it admits of the simultaneous use of other means. He has tried, indeed, all the various other remedies which have been recommended, and regards the tincture of iodine as the best of these. As soon as from shivering and the appearance of the wound erysipelas seems threatening, he administers an emetic, a means which he believes is nowadays too much neglected, and one which he believes conduces to moderation of the disease. The morphia is next injected, either as the sole means or in conjunction with a daily painting with iodine, employing afterward wadding and compression by a roller were practicle. Ipecacuanha with phosphoric or sulphuric acid may afterward be administered. The sesquichloride of iron, once regarded as a specific, is of no real utility.

Electricity in Diseases of the Skin.

Dr. GEORGE M. BEARD gives the following experience with electricity in cutaneous affections in the *American Journal of Syphilography and Dermatology*.

Eczema.

This disease I place at the head of the list, for the reason that I have found more rapid and uniform results from the electrical treatment in this than in any other diseases. I have treated the chronic forms in different parts of the body, and in nearly all cases thus far with immediate relief of the distressing pain, and ultimate cure after a course of treatment. I have used for this affection, almost exclusively, the *galvanic* current, with the negative pole on the diseased surface. Patients have come into the dispensary declaring that the distress is so great that they would be glad to have the suffering part amputated, and after an application of from five to fifteen minutes, have gone out entirely relieved. This relief lasts for several hours, sometimes for days, and the pain grows less and less, until the cure is accomplished.

Psoriasis.

In its relation to electro-therapeutics, may be divided into three classes: (1) Those which yield completely and with tolerable rapidity. (2) Those who are benefited only up to a certain point. (3) Those which receive but little, if any, benefit. Judging from my own observations, I should say that the latter class (those who do not yield at all) are in the minority. Some cases progress very slowly, and need months of treatment. The negative pole of the galvanic current seems to be more efficacious in this disease than any other method. For the sake of economizing time, however, I frequently use both poles, with broad electrodes. In one case—a patient of Dr. Conkling, of Brooklyn—where hemiplegia was complicated with psoriasis, I was unable to treat the psoriasis, because I feared that the reflex effect of a galvanic current sufficiently strong to be of value would injure the sensitive brain.

Pityriasis.

My observation of the electrical treatment of this disease is confined to two or three cases. In my first case, to which I have before referred, when I used the faradic current I accomplished nothing.

The dry hair is a non-conductor, of electricity, and therefore, in treating pityriasis of the scalp, it is necessary to thoroughly wet the head on all those parts where it is desired to make the applications. I have now under treatment a case of pityriasis that has certainly been very much improved by a course of galvanic treatment. The disease, which is of several years' standing and resists medicinal treatment, affects the scalp, and appears in patches on the trunk. In her case I have used Garrat's electric disk, directing the patient to wear it by turns on the larger patches on the abdomen. The disk appears to be of some service. It is the only case of disease of the skin in which I have experimented with it. If the very mild current afforded by the electric disk, or by any similar contrivance, is capable of any therapeutical effect, then, surely, this effect ought to be exhibited in diseases of the skin.

Prurigo.

If electricity could do nothing more than relieve the itching of prurigo, it would be entitled to honorable place in the armamentarium of the dermatologist. Dry faradization alone may bring relief in a very few minutes, and, when perseveringly used, may cure. I have seen immediate relief follow general electrization used in the ordinary method with wet sponges.

Lichen.

I have had no opportunity to treat a marked case of lichen; but there is every probability that electricity would accomplish as much in this affection as in the other symptoms of the so-called dartrous diathesis.

Anæsthesia.

For the curable cases of cutaneous anæsthesia, faridization is a specific, if any remedy can be said to be a specific for anything. Even cases that depend on incurable central lesion may improve very decidedly under treatment. In cases of paralysis of motion and sensation, the sensation may be partially or completely restored under electrical treatment, even when the loss of motion remains unchanged.

Anæsthesia is a condition for which the electric brush is particularly indicated. Of this condition Dr. Rockwell and myself have treated a large number of cases.

Acne.

If I were to judge from my own limited experience in the treatment of acne, I could not

speak very encouragingly. I fear that in one or two cases I have used too strong currents. In one case of acne of the face the galvanic current certainly aggravated the disease.

Parasitic Diseases

Of the skin yield so well to ordinary treatment that I have felt but little tempted to experiment on them with electricity.

The question that has often been asked me, whether parasites on the skin can be killed by a current that the patient can easily bear, I am unable to answer.

At the Demilt Dispensary, I have now under treatment a case of favus, on which we are trying the effects of galvanization. The advantage of electrical treatment, if it should be proved to be successful in a reasonable time, and with mild currents, would be that it would save the trouble of depilation.

Intracranial Disease.

At the Clinical Society of London, Dr. MOXON related a case of "Intracranial Disease" cured by iodide of potassium. A young man, æt. 21, was admitted into Guy's Hospital, under Dr. Moxon's care, having been ill six months. The illness came on with severe headache; in about three months ptosis and ocular paralysis of the left side commenced, and as it went on the left fifth nerve also became involved, and the right hand grew partially numb. When admitted he had agonizing pain in the head. The left eye was intensely red, and its cornea ulcerated; it was almost immovable, and the lid was dropped. He could not feel moderate touches on the left face, nor taste salt on the left tongue, nor use left masticating muscles. He had two slight seizures of a doubtful kind on the first two days after admission. Iodide of potassium was given in three-grain doses thrice daily, and the dose increased to a scruple. He gradually got better of all his symptoms. The pain left him very soon; the other symptoms more gradually. He was in attendance at the Society's rooms, and the state of his left face and eye was practically normal again. The points to which attention was directed were chiefly these. That this is the third case of syphilitic disease about the sella turcica Dr. Moxon had met with. This he connected with the growth of the sphenoidal sinuses there, bringing in illustration the occurrence of exostoses very frequently about the frontal sinuses, and of exostoses on the long bones at the region of the epiphysial cartilage; all these facts going to prove that the seats of late development are unusually liable to disease. Dr. Moxon believed that it was incumbent on every one who had a case of local intracranial disease come under his care, to treat it at once with iodide of potassium, without waiting to make out its nature. He had not seen any serious ill-effects from the iodide when taken to the extent of a drachm in the day for long periods. Slight salivation, a red rash, and catarrh were not common, though they occasionally occur; and they are by no means to be compared with local intracranial disease as alternatives. As to absorption of the testes, he had never seen it. The iodism of old authors was probably referred to the poisoning of the blood by the absorption into it of broken-down matter of goitres during their cure.

The Histology of Fatty Tissue.

The *London Medical Journal and Gazette* says: Fatty Tissue has been the subject of an elaborate memoir by FLEMMING, in which its formation, its relation to connective tissue, and its retrogression into the latter are discussed. His observations were made on embryos and newly born animals (guinea-pigs and puppies), and also on animals artificially fattened, in order to make sure that the fatty tissue should be in the condition of increase; also on animals in a state of progressive emaciation. He is in agreement with most of the physiological and pathological observers on the point that fatty tissue is nothing but a modified connective tissue. Flemming finds that the development of fat is always dependent on the vessels. The first deposit of fat takes place in the *tunica adventitia* of the blood vessels, so that adipose tissue might in fact be called a loosely spread adventitious coat of the vessels. Moreover, the fat does not accumulate round newly formed outgrowths of vessels, but rather round those which are completely formed and comparatively thick. The production of fat takes place only in isolated foci round certain vessels of the fatty lobule, while other quite similar vessels show nothing of the kind.

The fat does not appear at first, as observed by Czajewicz, in the periphery of the lobules, nor is it contained, as has been asserted by other observers, in special smaller cells. A certain quantity is accumulated in the walls of the larger completed fat-cells, and a small number of fatty molecules are seen free, perhaps in conquence of the mode of preparation; but most is seen in what are believed to be fixed connective-tissue cells Migratory cells are seen in great abundance, but are not different from the white corpuscles of the blood, and do not contain fat. The genuine young fat-cells have no membrane, and look at first sight like a heap of fatty molecules, varying in size; they are angular, or spindle-shaped, or polygonal, and only when they contain several larger drops of fat are they round. The smallest of them hardly exceed in size the normal fixed connective-tissue corpuscles.

In his observations on the wasting or absorption of fat, Flemming comes to the conclusion that fat-cells become ultimately converted not into a "serous fat-cell," as has been said, but simply into the ordinary flattened connective-tissue cell; in fact, that the

process is entirely converse of that seen in the production of fat.

His general results are, that fat-cells are formed out of the ordinary fixed elements of connective-tissue, and can, by the loss of their fat, return to the condition of such connective-tissue cells again, and that there is no special preliminary tissue, and that the name of adipose or fatty tissue is accordingly superfluous. The "mucous tissue" of Virchow has no special relation to fat; it has merely the characters of all embryonic connective-tissue.

The passage of fat into the fixed connective-tissue cells is not to be explained by its transmission through plasmatic channels communicating with connective-tissue corpuscles. The existence of these channels Flemming does not admit; but he proposes the hypothesis that fat circulates in, and passes out from, the vessels in a liquid form, and then, being absorbed by the connective-tissue cells, is precipitated in their substance.

The remarkable localization of the production of fat, he thinks, depends upon the dilatation of the vessels at particular points, and he sees another evidence of this dilatation in the large number of migratory (extravasated) cells at these points.

The Treatment of Headache.

In the REPORTER for February 3 we quoted Dr. Wilk's views on headache. We now give those of Dr. BRADNACK in the *Buffalo Medical and Surgical Journal*. When the predisposition is strongly marked, it is hardly an exaggeration to say that almost anything may act as an exciting cause of these headaches. The exciting causes are, to use a popular expression, almost too numerous to mention. Prominent among them, however, in my existence are the following: Mental emotions; excessive brain work; ingestion of improper food, or, of too large a quantity of proper food; cold; heat; constipation (especially a loaded condition of the rectum); abuse of stimulants, as alcohol and tobacco; the improper use of opium; and so on. In the female they may be amenorrhœa, dysmenorrhœa, uterine or ovarian irritation; uterine displacements, especially retroflexion or retroversion of the uterus, by reason of their pressure on the rectum, thereby causing obstipation, or inducing constipation of the bowels.

I have observed, that in every case of periodical headache I have treated, or with the history of which I have become acquainted, without one exception, constipation, often chronic, prevailed, which leads me to remark, that in some unexplained manner the pressure exerted upon the rectal nerves by a fecal cylinder, appears invariably to aggravate these headaches, and doubtless frequently acts as a causative influence.

Inasmuch as one of the specific effects of alcohol is to induce cerebral congestion, it is manifest that an excessive use of this article must, of necessity tend to excite the affection in question. That it does so excite it, is, I believe, provable by irrefragable evidence. This remark will, of course, apply with increased force to the use of opium. That the phenomena of cerebral congestion and anæmia are regulated by the vaso-motor nerves recent histological researches appear to have demonstrated. If this be really so, we have here a key to many mysteries; for, if it be, as it undoubtedly is, a fact that certain drugs have the power to affect these nerves, and thereby either to dilate or constringe the arteries to which they are distributed, we find ourselves furnished with indications of the highest importance as to treatment, if not with a perfect therapeutical key.

But after we have enumerated all the known exciting causes of this disease, we shall often find ourselves quite in the dark, both as to the pathology and treatment, if we fail to allow for, in at least many instances, an *occult, subtle and inexplicable constitutional tendency* to this malady, which can no more be explained or accounted for, than can the phenomenon of menstruation, or the existence of individual idiosyncrasies. Time spent in an endeavor to discover and elucidate the nature of this tendency, would probably prove to be as effectually wasted, as if spent in the mathematical endeavor to trisect an angle. It is sufficient for practical purposes to take this tendency into account, and to allow for it.

Having, I trust, as hearty a disbelief in, and dislike of, most so-called specific plans of treatment (believing it to be usually quite impossible to lay down any specific or invariable treatment for disease), I nevertheless venture the statement that, for periodical congestive cephalalgia we may employ a method of treatment, which, if not specific, approximates so nearly to a specific character, as to, in many instances, honestly deserve the appellation. I am aware this is a strong statement, but I am, (I trust not unreasonably) so confident of its truth, as to be anxious to subject it to the *experimentum crucis* of actual test, in the faith that when weighed in scientific balances it will not be found wanting.

The treatment of this malady divides itself naturally into to parts: first, that proper during the attack; second, that appropriate in the interval. I believe we possess remedies capable, in most instances, of entirely, or nearly entirely, allaying the pain during the attack; and others administered during the intervals of effecting in a few months a permanent cure. To say that I have wholly originated this method would be to make a strong claim; but, that it has never in this disease been systematically employed before, I am certain.

In the proposed treatment of this disease, we, of course, adhere to general principles. If there exist complications, whether or no they assumed to act as exciting causes, they

should be removed, or, so far as possible, palliated. If there be constipation, the usual treatment for constipation is indicated. If examination reveals the existence of a uterine displacement, it should be remedied. If tobaccos are used in excess, they must be either discontinued or used in moderation. Suppose the treatment to be commenced the day after an attack of headache. Assuming the non-existence of any important physical lesion I find it advantageous, provided there are no contraindications, to begin by the administration at night of one or two of the following pills which, during the entire course of treatment (say six months), may be given once in three weeks:

℞. Mass hyd.,
Ext. coloc. com.,
Pulv. aloes soc., aa. ℈j.
Pulv. ipecac., gr.vj M.
Ft.—pil., no. xij.

This pill to be followed in the morning by one drachm of sulphate of magnesia.

As a permanent medicine, I then prescribe three drops of liquor potassæ arsenitis, to be taken in one drachm of water after each meal, for certainly three, and usually six months, its use being suspended one day every three weeks when the above pill is taken.

If the patient be delicate, and complains much of coldness of the extremities during the attacks, and frequent chilliness during the intervals, the following prescription is substituted for the liquor potassæ arsenitis:

℞. Liq. arsenicalis hydrochlor., ℥ss.
Quiniæ disulphat., gr.xij.
Liq. ferri perchlorid, ℥ij. M.
Aquæ, f.℥vj.
S.—One tablespoonful in a wine glassful of water, twice a day, after meals.

When an attack of headache begins I adopt the following plan, with minor modifications according to existing circumstances and complications. I direct the patient to sit in an easy chair (avoiding an incumbent position, as tending to cerebral congestion by means of gravitation), and to place his or her feet in a a hot bath of mustardized water, the hands also in a similar hot bath, minus the mustard; and if it can be tolerated (though females frequently cannot tolerate it) a bag of pounded ice to be placed upon the head, covering as much as possible of the occipital region, and thereby bringing a decongestive influence to bear upon the cerebellum and the medulla oblongata. These accessory measures to be followed by a dose of the following medicine:

℞. Potassii bromid., ℥vj.
Ammon. bromid., ℥ij.
Potassii iodidi, gr.vj. M.
Infus columbæ, f.℥ix.
S.—One dessert spoonful in an ounce of water.

One or two doses of this prescription will usually suffice either to very greatly palliate or else entirely relieve the most distressing and agonizing headache, provided only it belongs to the class under consideration. But, to produce its best effects, this remedy should be administered as early as possible after the comencement of the attack. In some cases patients experience prodromic symtoms. When these occur, the threatened attack may often be rendered abortive by the timely administration of the medicine.

The Treatment of Hepatic Dropsy.

Dr. W. R. Basham, M.D., writes to the *Practitioner:* There is no form of dropsy more amenable to treatment at its first occurrence, or in its early stage, than hepatic dropsy, arising from engorgement of the liver, or even hypertrophy of that organ caused by the abuse of alcoholic drinks. It is a disease of frequent occurrence in our wards, and consequently repeated opportunities are afforded of measuring the influence of remedies and laying down some general principles of treatment. The efficacy of treatment is proportioned to the stage or period in which it is commenced, as well as to the absence of any complication in heart or lungs.

If the accumulation of fluid in the belly be of some month's duration; if the anasarca of the lower extremities be on the increase; if the abdominal surface be tense and shining; if the marking of the wall by the inosculation of the superficial branches of the external epigastric veins with the external mammary veins be well marked; if the urine be scanty, loaded with lithates stained deeply with purpurine; and lastly, if the urine be, however slightly, albuminous, remedies are of no avail; the disease (cirrhosis) has reached its last stage, and no arrest in its progress can be expected. If, on the other hand, the dropsical state be recent; if the distension of the abdominal walls be moderate; if the anasarca of the lower extremities be trifling; if there be no evidence of enlargement of the superficial abdominal veins, and the urine be free from albumen—then the prospect of relief by appropriate remedies is encouraging, and often leads to an apparent cure of the engorged or hypertrophic state of the liver. The term *apparent* is designedly employed because the record of many cases, in which the disappearance of the ascites, the restoration of the digestive functions, and the nutritive processes generally, sanctioned the result as one of present cure; yet probably from the return of the patient to the vicious habits which originated the disease, in a year or more the ascites returned, followed by evidence of a contracting or cirrhosed liver, and consequently a state of disorganization of structure hopelessly beyond all prospect of mitigation or relief.

The ordinary history of these cases of hepatic dropsy consists of an antecedent period of gastric disturbance, characterized chiefly by defective appetite, occasional retching, and some degree of epigastric tenderness on pressure. The most common symptom in refer-

ence to the stomach is morning retching or even vomiting; on first rising a hacking, irritable kind of cough, without any expectoration, is followed by an effort of retching, with probably a copious expulsion from the stomach of a white frothy mucus; this represents a form of what may be appropriately termed gastric catarrh. In ninety-nine cases out of a hundred the remedy to which the patient resorts, while it momentarily relieves the irritable stomach, perpetuates the original mischief, augments the vascular congestion of the gastric glands and mucous membrane, and leads still further to disorder in the hepatic circulation. The remedy thus all but universally selected by the patient or his friends is a stimulant in some form or other—rum and milk, gin and milk, gin and bitters, and a host of similar concoctions familiar to the host and hostess of every public house, and known to them to be in popular demand in the early hours of the day. This state of gastric catarrh, temporarily relieved by these drams, is but too often accompanied by an almost total inappetency and even distaste for solid food. Patients will often declare they have not eaten two ounces of solid food at any single meal for months. Drink is their only food. Flatulent distension of the bowels, sluggish action, and scanty high-colored urine, continuing for some time, will mask the commencement of the presence of fluid in the belly; sometimes the patient complains of a heavy dragging weight in the right hypochondrium, particularly if he reclines on the left side.

Most of these symptoms pass by unregarded; they are not urgent enough to cause a cessation from work—and probably it is not until an increasing size in the abdominal girth, marked by the necessity of letting out the waistband, or stays, according to sex, that the patient seeks medical advice, and the real state of things becomes at once revealed. It is at this juncture, this early stage, that the greatest benefit is derived from active treatment. The use of all stimulants must at once be discontinued. The stomach should have absolute rest for a day or more; a blister to the epigastrium, kept open for a few days, tends materially to lessen the irritability of this viscus. The medicinal agents of more service at this stage are brisk mercurial purgatives. That valuable, though now too much neglected, preparation of calomel should be selected. Five or even ten grains, with half a scruple of the bicarbonate of soda and a little powdered ginger, should be given over night, about twice a week, and a warm aloetic purgative in the following morning.

If the bowels require still stronger purgatives, the calomel may be given in combination with jalap, or colocynth, to be followed by some saline mixture in the morning. Half a grain of podophyllin with colocynth is also most efficacious as a purgative. Two or three days' treatment on this plan will bring the digestive function to some degree of activity, and the patient will often say he feels an appetite and desire for food such as he has not known for a very long time. Great caution is needed in these cases to regulate the diet. In hospital practice this is not difficult, but in private life many circumstances combine to render strict attention to dietetic rule a troublesome matter. The all but innate belief amongst this class of patients in the harmlessness of the stimulants they take, and of their efficiency as remedies for almost every ailment, renders abstinence from them almost impossible, unless the patient be under the wholesome restraint of hospital treatment.

Indications for the Employment of the Catheter in Old People.

M. GUYON, in one of his clinical conferences at the Hôpital Necker, lately remarked that retention of the urine is very common in old men, depending generally on affections of the bladder, or of the neck of the bladder, or of the prostate. Many cases of supposed vesical paralysis are in reality due to prostatic disease. Retention of urine in old people displays itself by symptoms that are eminently variable. Sometimes these symptoms are strongly marked; the patients require to micturate frequently, and in doing so experience pain and burning heat which lasts for a long time; there may even be constitutional and febrile symptoms. In other instances, again, the symptoms are by no means prominent, especially in those cases where the bladder is but little contractile; the retention is then only indicated by percussion, palpation, and catheterism, the latter alone in many cases being reliable evidence of its presence. But this indication that catheterism should be adopted as an exploratory means is somewhat delicate, for the operation is not always inoffensive, and the patient suffering but little subsequent troubles may be attributed by the patient or by his friends to the injudicious interference of the surgeon. If, however, the symptoms be well marked, then there is no room for hesitation, and M. Guyon even goes so far as to say that the catheter should be passed in the case of every old man who evacuates the contents of his bladder imperfectly. He thinks that it is not necessary that it should enter the organ on the first occasion, since, if only introduced as far as the neck, it habituates the tissues to the contact of instruments, and indicates, in part at least, the seat of the disease. Stoppage of the flow of water is always a serious symptom in old people, and the best advice that can be given to them is to be sounded either with a simple sound or with a catheter, and that frequently. Indeed, if relief be not speedily afforded to such patients, dangerous symptoms soon make their appearance in the form of rigors, purulent urine, and violent reaction.

Purely medical treatment is of no service in such cases, and he gives an instance in

point. In 1869, in the month of September, M. Guyon had in his wards a man æt. 48, who, after having been treated by ordinary remedies and by rest, left the hospital, but returned in January, 1870. He was now suffering from orchitis and distinct enlargement of the prostrate; he passed water frequently; the urine was thick, but was voided in sufficient quantities to lead to the belief that the bladder was thoroughly emptied. On the 1st February there was some fever present, and on the catheter being introduced about four ounces of urine were drawn off, and on a second occasion about six ounces. He was sounded four times, and was then told to sound himself. No other treatment was adopted. On the 7th the urine was clear yellow, and on the 15th he was able to remain five hours without urinating. Catheterism practiced in his case twice a day caused no return of the epididymitis. In another case, occurring in a dyspeptic subject, all the symptoms of cystitis were present. For a long time M. Guyon hesitated to sound him, and for two months he was treated medicinally without effect. At length he was catheterized, and the urine drawn off. The symptoms immediately diminished in intensity, and from this moment the urine, which had up to that time been troubled and imperfectly discharged, become limpid and even entirely evacuated. A third patient passed blood, and was obliged to remain in the recumbent position. After careful exploration M. Guyon recognized the existence of retention of urine, and passed a catheter. From this time all the symptoms of stone of which the patient complained disappeared. Thus not only stoppage of the flow of water occasions grave accidents, but it stimulates other diseases; it causes alterations of the walls of the bladder, and provokes cystitis. When the bladder is greatly distended, however, it is imprudent to evacuate it completely. The frequency with which catheterism should be repeated is an important question. No absolute rule can be laid down, but it may be performed every five hours; but commonly the instrument should only be passed when there is intense desire to urinate. If, however, he experience but little or no inconvenience, it should be passed at regular intervals. As a rule, the permanent retention of the catheter in the bladder is to be avoided, except perhaps in cases when the desire to pass water is very intense and frequent, or when the introduction of the catheter is very difficult. M. Guyon cites a case where it was worn for two years. It should in general be fixed in position till the bladder is habituated to catheterism. As adjuvants to the above treatment, injections may be employed, which may be hot or cold, or medicamented as occasion may require.

Treatment of Corneal Abscess.

The transaction of the American Ophthalmological Society contain the following notice of Prof. ARLT's treatment of this complaint:

He says: when we have an abscess we must treat the patient as if already suffering from *iritis*, since this, if not already present, may occur any minute. The eyes are to be protected from strong light and accommodative efforts, and the iris kept under atropine.

As with the open corneal ulcer, so also with the closed (an abscess), we must decide whether pus-formation exists and continues with symptoms of irritation, as ciliary injection, tears, photophobia, and pain; whether, when these cease, the pus-formation stops; or whether the eye is in, so to speak, a torpid condition, with increasing purulent formation. In the first case everything irritating is to be kept away, and we must use local bleeding, narcotic inunctions on brow and temple, and morphine injections, cooling cathartics, etc., without, however, reducing the strength too much. Simple opening of the abscess or of the anterior chamber in addition will be indicated or demanded on the yellow color of pus showing its collecting in the anterior chamber, the cornea, or both. He perfectly agrees with Weber's advice, to make the opening with an iridectomy-knife below the abscess, thrusting up and backward, making the cut $2\frac{1}{2}'''$ to $3'''$. He avoids turning the knife, in coming out, to prevent too rapid evacuation of aqueous, and uses a Daviel's spoon to gradually open the wound, and has fine forceps ready to remove lumps of pus sticking in the cut. He does not consider the perfect evacuation of the abscess or chamber absolutely necessary, since quite sizable remains of pus may be absorbed or extruded within twenty-four hours. He warns against injections, formerly advised. If merely the abscess is to be opened, he uses the cataract knife, passing it through the under part of the anterior wall, making, not a cataract flap-like cut, but rather a linear or curved section. In regard to Sämisch's proposed plan of opening corneal ulcers, Arlt will not at present decide. When there are only small deposits along the edge to be released, he makes a 1–$2'''$ long opening on either side. Sometimes a radical cut into the cycle-shaped deposit allows the pus to escape, or two or three such cuts may be made. He uses a compressive bandage tighter at first, covering also the other eye from light, and keeping the patient, if possible, a few hours in bed. On reappearance of pus in twenty-four hours, he uses a Daviel's spoon to open the wound only when the abscess progresses or severe pain returns. When a necessity for evacuation of the pus shows itself by the third day, or later, he again punctures in the same or a neighboring place. Although the continued pressing open of the wound was recommended by Himly in 1843, yet Arlt does not greatly favor it, since he found no good result after doing it two or three times.

He has had good results from opening the

abscess, or the chamber alone, although, in spite of this, a goodly number of eyes have been lost after repeated puncture, where this result was quite unexpected. The patients were, however, all in poor condition, or affected with lachrymal blennorrhea. He always slits up the lower canaliculus and evacuates the pus in these last named cases. The excessive pain accompanying these abscesses is best relieved by opening the chamber, and warm moist applications. When pus in the chamber reaches the pupil, puncture is indicated to prevent iritic attachments and pupillary membranes, even when the condition of the cornea or pain does not seem to require it.

Iridectomy he does not so much favor from experience, perhaps, as he says, because he has regarded it as the *ultimum refugium* It is not so readily done, since the iris may be quite soft.

If, now, we have the pus in the cornea quiescent or progressing peripherically, while the eye presents no conditions of irritation, then opening the abscess or the chamber, or both, are to be thought of; but, at the same time, we must decide whether this torpor is simply local or connected with the strength or spirits of the patient. Anxiety, care, and homesickness act very depressingly, as if the vascular and nervous activity were paralyzed thereby, and hence digestion and nutrition interfered with. Out-door exercise, stimulants, iron, quinine, and mineral acids, are then in place. Warm cataplasms are to be used only under the physician's eye. Small deposits may be touched, even where there is some irritation, with a sharp pencil of nitrate of silver, to expose the pus there collected.

Above all these absolutely necessary means, Arlt holds a compressive bandage, by which he means such as shall prevent *motion of the lids* quite distinct from the usual compressive bandage of Graefe. He uses also the collodion bandage, which he spoke of in vol. ix., p. 1, when the patient strongly objects to operative interference. In regard to Sämisch's operation so successfully used by himself, Arlt speaks with some degree of reserve. He says it, as all other operations, is to be postponed so long as there is fair hope of succeeding with the lint bandage.

Reviews and Book Notices.

NOTES ON BOOKS.

——Drs. Busey & Lee have sent us a circular informing the profession "that on January 29th, 1872, they relinquish their connection with the *National Medical Journal*, as editors, or in any other capacity, and are not responsible for any articles that may appear in that journal. They have been driven to this course by the action of the publishers, Messrs. Judd & Detweiler, who, as the proprietors, saw fit to insist upon the insertion of an article which, *in the shape presented*, did not meet with the approval of the editors."

——We commend to our readers a very excellent essay entitled: "The Detection of Criminal Abortion, and a Study of Feticidal Drugs," by Dr. Ely Van de Warker, of Syracuse, N. Y., published by James Campbell, Boston. Price 50 cents; pp. 88. It is a timely treatise, scientific and full.

BOOK NOTICES.

A Clinical Manual of the Diseases of the Ear. By Laurence Turnbull, M. D., etc. With a colored lithographic plate and over one hundred illustrations on wood. Philadelphia: J .B. Lippincott & Co., 1872. 1 vol., 8 vo., cloth, pp. 486. Price, $5.

The earlier work of Dr. Turnbull, published nearly ten years ago, treating upon nervous deafness, was received with deserved favor by the profession, and the present complete treatise on aural complaints is not less worthy of commendation.

The whole ground of otology is carefully and clearly surveyed. Beginning with some chapters on the anatomy and physiology of the organ of hearing and the laws of sound, the author proceeds to classify the diseases of the organ and to explain the methods of investigation and the means of diagnosis. The affections of the external auditory meatus are first considered, including foreign bodies, aspergillus, polypus, injuries, tumors, pruritus, etc. Several chapters are devoted to the important topic of otitis, externa, media and interna, with its allied disease, aural catarrh.

The mechanical appliances used in the diagnosis and treatment of aural affections are fully described and abundantly illustrated. Diseases of the adjacent parts, the throat, uvula, tonsils, and teeth, in their relation to diseases of the ear, form the subject of a valuable chapter. The description of nervous deafness is full and exact. The pages on deaf mutism are curious and instructive; while the general practitioner will be grateful for the résumé of the most effectual plans for treating the more frequent affections of the ear.

The volume closes with a comprehensive bibliography of the specialty arranged in chronological order. The lithographic plate represents the anatomy of the ear, and is drawn and colored with admirable fidelity. In fact the book, as a whole, is the very best work on aural complaints for the use of the general practitioner with which we are acquainted.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 17, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE SALE OF DIPLOMAS.

In another column we give a report from the columns of the Philadelphia *Inquirer* of the investigation made in this city by a committee of the Pennsylvania Legislature.

The REPORTER led off in the exposure of this nefarious business. We took great pains to procure positive and conclusive evidence against these "Universities" by getting possession of diplomas that were bought from them. Two cases were worked up until diplomas were secured for which $50 each were to be paid, C. O. D. We then offered to share the expense of purchasing them with the Faculty of the University of Pennsylvania, but they declined to aid us, and scarcely deigned to notice our communications. The possession of those diplomas now would have been worth all the other evidence that was placed before the committee.

Among the documents handed over to the committee by us were the sworn record of one diploma in a Wisconsin court, issued and signed by the Faculty of the "American University of Philadelphia," and issued to a party who had never been absent from home to attend lectures; and a lot of correspondence, sworn to, and properly attested, between a physician in Indiana and a member of the Faculty of the "Philadelphia University of Medicine and Surgery," in which the offer was distinctly made to send a diploma C. O. D., the price being $185.

It is rather humiliating to Philadelphia enterprise that the exposure of this scandal on American literature should have been mainly made by the New York newspapers. So far as we are concerned, the inability to carry out our well and successfully worked plans was the only reason that we failed to make a full exposure long ago. Proof of the sale of diplomas, such as we had secured, would have closed the doors of these "Universities" long since, and rendered their faculties amenable to law in fines and imprisonment.

THE MISSION OF SCIENCE.

There is an association in Germany of naturalists and physicians, founded nearly half a century ago by the famous physicist OKEN, and which, this last autumn, held its annual meeting at Rostock. The opening address was delivered by Prof. RUDOLPH VIRCHOW, whose name and fame are familiar to every student of medical science the world over. What he says, thousands of educated men receive almost without question, and his opinions on matters even remotely allied to the great questions of physical science, rightly command from all the most respectful attention.

His subject on the occasion referred to was the Mission of Physical Science, and it is our purpose now to examine with all that freedom which science allows, the chief points of his discourse. If in so doing we appear to diverge from the rule generally observed in this journal, of confining editorial remarks to experimental truth, and wander into the field of speculative discussion, it is because this eminent physician leads us there, and compels us to do so.

Professor VIRCHOW'S address is in fact little else than a deliberate attack upon *religion*, and not only on religion, but on all those

ideas which underlie any possible religion. It is a special plea for absolute materialism in its grossest sense; it is an argumentative denial of any belief in soul or God; it is the gauntlet cast down to all who hope or trust in faith. The mission of physical science, the professor takes it, is to wipe out all faith in God or spirit, and to erase from the mind of man all hope, trust or action, which depend upon such ideas.

This discourse, we are told, was received with "great and general applause" (*grosser allgemeiner Beifall der Versammlung*). Some three months have elapsed since it was delivered, and we have looked in vain for a word or a line against his views in the German medical periodicals.

If Professor VIRCHOW were not one of the most conspicuous of living medical teachers we would pass in silence such an address. But when he brings forward medical science especially to support these views, we shall not keep silence, lest it be supposed that we too, as his audience, accord him any applause for such statements.

That we may not misrepresent him, we shall translate from the *Berliner Klinischer Wochenschrift*, 23d October, 1871, some extracts from his address:

"When a man says: 'I am of opinion that a personal soul exists, that it is separable from the body, that it uses this body for a time, but has no absolute need of it for its own existence;—my friends, when a man says this, there is no use of reasoning with him, for there is no possibility of coming to an agreement. When I examine what is comprised under the idea of a soul, I encounter a number of organic activities, which are confined to definite regions and organs, clearly localized. Now it is impossible that the power goes elsewhere and the organ remains, for these activities are absolutely connected with the organs, and cannot be found or shown to be where those organs are not."

"Everybody agrees to this when we speak of insane persons. They say in a general way that such persons have a soul, but when it comes to specify the malady, they say: 'This one has a disease of the brain;' 'this one of the medulla,' etc. All agree that it is the organs which are diseased, not the immortal soul; but the moment we would carry this reasoning out, they say: 'We do not choose to carry physiological reasoning to that extent.'"

After some further arguments of this kind, where bitter satire is mingled with severe censure, the professor actually seems to think that it is about time to commence a downright persecution of those heterodox people who beleive in a God or a religion.

"The opposition which the so-called positive religions make is so direct (to the study of truth) that in my opinion the *law of the land* and the labor of science can no longer consider those views as exempt from attack. If the Syllabus attacks the organization of the State, the State ought to attack the Syllabus. That is the law of equal rights."

The speaker then proceeded to a direct onslaught on the Roman Catholic Church for its "new dogmas," and assured his hearers that "every dogma of a church was one more fetter binding down the human mind."

What, then, is left when all these ancient promptings to righteous life are swept away?

Hear the new gospel:

"In proportion as the individual is freed from traditional ideas and learns to think justly, as a greater number of subjects come within the reach of his mind, to that degree does he become bound to set moral aims before himself, and we may well hope that in the progress of knowledge there will be found promptings of higher moral zeal, and a source of ever increasing love of truth, honesty and uprightness in action."

Now we would be slow to oppose Professor VIRCHOW on any question of pure science, though he has proved by no means infallible, but brought to the test of experience, the ex-

pressions we have quoted are simply opposed to common fact. The study of scientific truths does not improve the morals, and everybody knows it. The world does not, and need not, expect any increased integrity from the study of chemistry, and it is an absurdity to do so. The argument from the insane is no more to the point than if we were to say, because one watch were disordered, the mechanical theory of watches is erroneous. And the opposition of religion to science is rather absurdly brought forward in a scientific address, which recommends legal enactments against religious dogmas! In point of fact, scientific men have been quite as much persecuted by their fellows as by religious teachers as any historian can show.

Notes and Comments.

A New Atomizer.

Dr. I. P. LETE, of Branford, Connecticut, has brought to the notice of the profession a new Atomizer, a cut and description of which are given below:

The instrument consists of a Spirit Lamp, A; Drum, B, connected to the Lamp with bayonet fastenings; Globe Boiler, C, resting firmly on the Drum, B, from which it is easily detached, when the Lamp and Drum form a beautiful and convenient Nurse Lamp for heating water or medicine in the sick room; above the boiler, C, is the Tray, F, or floor of the Chamber, which is formed by placing on this Tray the Shield, G; this Shield has an opening at O, which is the mouth of the instrument, and air opening at I, for the purpose of giving draft and allowing sufficient air to reduce the temperature to a point suitable for inhalation; within the Chamber, formed by the union of Tray, F, and Shield, G, is the Steam Chamber, D, with Side Tube, *a*, for the insertion of the Atomizing Tubes, H; the Cap of Steam Chamber, N, and the receptacle for the medicine to be atomized, J, from the Tube, P, connecting the Boiler, C, with the Steam Chamber, D, is a Lateral Tube, K, which may or may not be furnished with Safety Valve, L. The Safety Valve is unnecessary, as there is always a free escape of steam from the points of the Atomizing Tubes, H.

Manner of Using.

Filling the Boiler.—The cap is to be removed and the boiler filled through the steam chamber. It should be only half to two-thirds filled.

Steam Atomizing.—For using the steam atomizer, place the medicine in its receptacle, J, with the atomizing tubes, M, inserted in the side tube, *a*; light the lamp, A, and the spray will be thrown in the direction of the mouth of the instrument. The draft from the entrance of the cold air at I, will throw the spray freely from the mouth of the instrument, so that it may be inhaled with but little effort on the part of the patient. In fact, an elastic tube may be placed on the mouth of the instrument, with a glass mouth piece, and the medicine will be forced through, even if t hould be several feet in length. By this addition, the patient is enabled to inhale, though the instrument be several feet from him. This enables the patient to sit with expanded chest, adding much to its efficacy.

For Medicated Vapor.—Remove the cap, N, from the steam chamber, and place within a piece of sponge, large enough to fill the diameter of the chamber, and saturate with any medicine you may wish to convert into vapor, and then, without replacing the cap, N, you may pass the steam through the sponge and you have a vapor more thoroughly representing the medicine than can be ob-

tained in any other way. This to be inhaled from the mouth of the Instrument or its attachments, as in the case of the spray.

Medicated Vapor with Spray.—Replace the cap, N, and force the medicated vapors through the atomizing tubes, and you then have an atomized medicine with the medicated vapor.

Cold Spray.—Extinguish your lamp, remove the cap or safety valve from the lateral tube, K, and force the air, by means of the hand ball apparatus attached to the tube, K, and you have a cold spray. By attachment made with a receptacle containing oxygen or other gasses, you may have your spray or vapor in connection with any gas desired. Thus you have in a compass no larger than a common Atomizer, an apparatus for *Steam Atomizing*, *Medicated Vapors*, *the two combined*, and *Cold Spray*, with the ability to add any gas that may be desired.

Every intelligent physician, who has examined the instrument, pronounces it far superior to any other ever invented for the purposes designed.

The Advantages Claimed for this over Other Instruments, are:

1st.—The Chamber being kept constantly warm by steam, the atomized medicines are not readily condensed.

2d.—The direct draft enables the patient to inhale with less effort.

3d.—The spray is not thrown on the face or clothing of the patient.

4th.—The attachment of glass or elastic tubing enables the patient to sit with expand-chest, adding much to the efficacy of the inhalation.

5th.—The Vapor Attachment makes it virtually two Instruments.

6th.—The instrument can be placed on a stand or table at the bedside of the patient, and the inhalation given without disturbing the patient.

7th.—Its perfect adaptation to the use of a Nurse Lamp for heating water or medicine in the sick room.

8th.—The compactness and strength of the instrument makes it easy to pack and take from place to place.

9th.—The simplicity of its construction renders it desirable for those that would be unable to use one more complex.

10th.—The cost of the instrument is but a trifle more than the ordinary atomizer, and would be cheap at double the price asked for them, adapted as it is for all forms of inhalations.

Address, Dr. I. P. LETE, at Branford, Connecticut, or through this office. The instrument can be seen at this office.

Zoo-dermic Grafts.

M. LÉTRÉVIENT, considering the pain and possible accidents incidental to cutting skin-grafts from the human subjects, has employed "zoo-dermic" grafts cut from the skin of the belly of a dog in a place unprovided with hair. The grafts have succeeded, and he recommends the process.

Long Island College Hospital.

This is one of the best of our medical schools holding a spring session. The session begins on the 5th of March.

We are glad to learn that Dr. JOHN BYRNE, surgeon-in-chief of St. Mary's Hospital has been appointed "Clinical Professor of Gynæcology of the Long Island College Hospital, in St. Mary's Hospital." This gives the students of the college the advantage of regular clinical instruction, as a part of the regular course, in two hospitals.

Cure for the Opium Habit.

In a recent report on the condition of the English Hospital at Pekin, China, the attending physician gives a formula for "anti-opium pills." This remedy is composed of extract of hyoscyamus or henbane, extract of gentian camphor, quinine, cayenne pepper, ginger and cinnamon, with castile soap and syrup to form the mass, and liquorice powder to form the coating. The efficacy of these pills in overcoming the opium habit, and in preventing the suffering on giving up the use of that poison, is stated to have been proved in numerous cases. The native remedies it is said contain opium in some form, and most frequently the ashes of opium already smoked, and consequently are inefficacious, it being as difficult to discontinue the use of the medicine as of the drug itself.

Chloro-acetic Acid in Fibrous Growths, etc.

Dr. W. H. ATKINSON says (*Dental Cosmos*): This agent has a strong affinity for dead connective tissue, epithelial scales, indurations,

warts and fibrous growths. For correcting unhealthy and brawny faces, for which "enamels," "bloom of youth," etc., have been resorted to such an execrable extent, and producing a beautiful skin, these acids, judiciously used, stand unrivaled, dissolving off the old scales, and favoring the growth of a new supply.

Correction.

In Dr. JONES letter, in the REPORTER, Jan. 20, for *ventro-hypertrophy* read *vetro-hypertrophy.*

Treatment of Hyperpyrexia.

GILDEMEISTER and WERTHEIM (*Journal of Anatomy and Physiology*, March, 1871,) find that, when the temperature of the body is lowered by cooling, there is an increased production of carbonic acid gas, both in health and fever. In fever, however, though the cold both increases the combustion and production of heat in the body, it withdraws more heat than is produced, and therefore cools the body and does good. JUDZINOWITSCH states that perspiration has no relation to the temperature in fever. It may be increased when the temperature is lower, and decreased when it is higher, as was seen in two cases of acute rheumatism and one of pleuro-pneumonia.

Chloride of Potassium.

Dr. LANDER has substituted the chloride for the bromide of potassium in the treatment of epileptics with a success which he declares to be identical. He begins with smaller doses; but doses of 75 to 105 grains daily have been borne without inconvenience for months in succession. He states that it is more active, one-sixth of the price, and without the inconvenient secondary effects of bromide of potassium. He believes that, in the stomach, bromide is converted into chloride of potassium; and that, for many reasons, it is desirable to administer it at once in that form.

An odole of Dupuytren.

The large class of recalcitrant patients DUPUYTREN used to circumvent by means of a bell. When a patient who ought to pay left his consulting room without bestowing the customary *honorarium*, he touched a particular bell, whereupon the porter, before opening the front door, said: "I believe monsieur has forgotten his fee," and thus forced the would-be dead-head to be honest.

Death of Dr Heller.

Dr. JOHANN FLORIAN HELLER died, after a short illness, on November 21. He was 58 years of age, and had for some years past suffered from disease of the heart. He was Director of the Pathologico-Chemical Institute, and teacher of Pathological Chemistry in the Vienna University, besides having extensive employment as a Government expert. The progress of pathological chemistry has been greatly forwarded by his efforts; he was, indeed, the first who placed this branch of medical science in its proper position in Austria, and his work in this direction has obtained general recognition both at home and abroad. Clinical examination of the urine has obtained its present important position, both in hospitals and in private practice, in great part through his exertions. Latterly he has been so much employed in official duties as to be unable to publish any work, but he has continued to inspire younger inquirers with some of his own energy. His well known periodical, "*Archiv f. Pathol.-Chemie und Mikroscopie,*" was continued during ten years.

Correspondence.

DOMESTIC.

Compulsory Vaccination.

EDS. MED. AND SURG. REPORTER:

I see by your valuable journal of the 20th inst., that you give Governor J. W. GEARY credit for recommending in his Annual Message, to the present Legislature, "Compulsory Vaccination" in this commonwealth; and the same credit has been accorded him by many of the leading papers of the State, since the meeting of the Legislature.

Now, I do not wish to detract any credit due from his Excellency; on the contrary, I desire to praise him for mentioning in his message the subject of "Compulsory Vaccination," and I hope that the Legislature will at once frame and pass a bill to meet the suggestion; for I know from experience that such a law would be salutary to the people af the State. But in the event of such a law being placed upon our Statute Books, I wish it to be known to the profession and the people that the idea is not an original one with the governor.

During the years 1870 and 1871 I had the honor of being a member of the Lower House of the Pennsylvania Legislature, from the 26th representative district, and at the suggestion

of the State Medical Society (of which I am a member), I introduced a bill for compulsory vaccination during the session of 1870; it was referred to the General Judiciary Committee, but it so happened that a majority of that committee were whimsical on this question. They ridiculed the idea, and, I am informed, that while considering the bill before the committee, that some of the members offered amendments, much more worthy of the suggestions of *boys* than that of *grave legislators;* and they finally alleged that for the reason that so many people in their respective districts were opposed to vaccination, that they were afraid that if the bill received a favorable recommendation from committee and passed, that they, who were candidates for reëlection, would lose votes at the next election. Hence the bill came from that committee with a *negative recommendation*, which had the effect to kill it. I only mention this as a matter of record and fact, and hope that the credit of *originally* advising compulsory vaccination will be given to the State Medical Society and the regular profession of medicine, where it properly belongs, and not to the governor of this State.

W. C. SHURLOCK, M. D.,
Darlington, Pa., Jan. 29, 1872.

A New Mode of Administering Copaiba.

EDS. MED. AND SURG. REPORTER:

In chronic cases of gonorrhea I have obtained the best therapeutical action of copaiba with the entire absence of its nauseating and other disagreeable effects from the administration of that drug, combined with opium in the form of a rectal suppository. The following formula I have adopted, as the suppositories made therefrom are perfectly unobjectionable.

R.	Copaibæ,	f.℥vj.
	Opii pulv.,	gr.vj.
	Olei theobromæ,	
	Cetacei,	aa. ℥jss.
	Ceræ albæ,	gr.xlv. M.

Misce secundum artem et fiant suppositoria, No. xij.

Signa.—One to be introduced into the bowel morning and night.

If constipation occurs it may be readily overcome by a moderate dose of Rochelle salts.

The very encouraging results which I have had induced me to make this communication.

J. H. WEHNER, M. D.
Germantown, Jan. 29, 1872.

Carbolic Acid in Surgery.

EDS. MED. AND SURG. REPORTER:

I wish to say a word about carbolic acid as referred to in your valuable REPORTER of January 6th, 1872. Prof. GROSS says in a clinical lecture, that "carbolic acid was a fanciful preparation that had its day." I do not believe this valuable medicine will ever be discarded, and I agree with him in doubting Mr. LISTER'S germ theory; but I believe in septic poisoning from decomposing blood and dead tissue in an open wound. The excessively absurd requirements insisted upon by LISTER—in the use of carbolic acid in surgery—are enough to disgust any one with the whole thing. By the way, if atmospheric air is so deadly, how dares Mr. LISTER take it in contact with the mucous surfaces of his bronchial passages? All that is necessary in using carbolic acid to wounds, ulcers, etc., is to apply and reapply as occasion requires, and of strength adapted to each particular case. No general rule can be laid down to meet all requirements.

Does it look probable that it can ever pass out of use while the supply lasts, when it is as we see, used in military surgery with such striking benefit, even where climatic influences are so opposed to the well-being of sick and wounded, as at present in the British army in India. It is of use in scalds and burns; ulcers and suppurating cavities; it is of use by injection in endometritis; in abortion with septic, stinky placenta, that would surely poison the whole mass of blood, but this for powerful antiseptic. In all such cases I have found it my sheet-anchor, tried and sure.

Please excuse my occupation of your valuable space, but I felt it my duty to defend my favorite "hobby," if you please, from an attack coming from such an eminent source.

A. J. JESSUP, M. D.
West Town, Orange co., N. Y.

Sulphite of Soda as a Prophylactic in Small-Pox.

EDS. MED. AND SURG. REPORTER:

In my article on the treatment of small-pox by carbolic acid and sulphite soda, I forgot to mention that I also used sulphite soda as a prophylactic, and in no instance did I have a second case in the family it was so used—no matter how severe the case under treatment was. My custom is to give from five to twenty grains of the salt, morning and evening, to every member of the family, according to age. It mattered not what the exposure to the contagion was, in no instance was another member of the family attacked.

In one case where the husband had varioloid the wife was obliged to sleep in bed with the patient or on the floor. I advised the former; gave the sulphite; notwithstanding she was not vaccinated since a child, and was very much alarmed. She had no symptoms of small-pox.

D. P. BOYER, M. D.
256 N. 9th St. Philadelphia.
January 23, 1872.

Cundurango.

This plant has been tried fully and fairly at the Middlesex Hospital, England, with utterly negative results. It is absolutely worthless.

News and Miscellany.

Investigation.

THE SALE OF BOGUS DIPLOMAS IN THIS CITY —SUBJECT INVESTIGATED BY A LEGISLATIVE COMMITTEE—EXAMINATION OF WITNESSES.

Saturday morning, at the Girard House, in this city, the senatorial committee to investigate the alleged sale of diplomas by certain medical colleges of Philadelphia, met. Senators Randall, Nagle, Sharp and Humphreys were present, the former acting as chairman. The following gentlemen were present as witnesses:—Professors C. D. Stillé and Dr. Rogers, of the University of Pennsylvania: Professor B Howard Rand, George W. Fairman, Dr. J. P. Mulford, Dr. S W. Butler, George W. Jones and R H. Nash.

It was decided that the proceedings should be public. Professor Stillé was the first gentleman examined:

Question.—Please state to the committee any information you have regarding the issue of diplomas by either or one of these colleges, or as to the manner of issuing them? Answer. —I would prefer to state first what evidence I have to support the charges that have been made against these institutions. I have evidence to show first that there have been advertisements inserted in a number of English papers, offering to procure for those who should apply, academic degrees of various kinds, from the American University of Philadelphia and University of Philadelphia. As provost of the University of Pennsylvania I took an interest in endeavoring to ferret out the truth of these charges. I have received a large number of letters from persons in England on this subject.

Dr. Stillé then read letters from Dublin, London, Yorkshire and Glasgow, all stating the writers had been approached, both by notes and by word of mouth, and told that if they would pay certain sums they could receive from these agents degrees from any one of the Universities of Philadelphia. They moreover stated that there were in England hundreds of persons claiming to be graduates of the colleges of Philadelphia, and who secured their diplomas by the payment of money. The provost presented a great accumulation of papers from far and near, containing statements about the sale of the diplomas, and communications indirectly proposing their sale, signed by Professors Sites and Buchanan of the Pine Street College.

Provost Stillé gave into the possession of the committee a number of additional letters, which he did not read. Some of them purported to come from the dean of the American University of Philadelphia, and proposed the sale of diplomas. The witness then called the attention of the committee to the act prohibiting the sale of academic degrees, approved last May, and stated that, as provost of the University of Pennsylvania, he had received one letter a week speaking of the sale of degrees in this city. At the same time he presented a copy of the regulations of the institution of which he was head, under which it granted degrees.

Q.—Do you know of any instance where any of these degrees have been sold in this country? A.—I have no other information on the subject than these papers.

Q.—What are the titles of these institutions against which these charges are made? A.—In answering this question I will read a list of the acts relating to the American University of Philadelphia, and Philadelphia University of Medicine and Surgery, and showing how they had succeeded medical schools that had been once in existence.

Q.—Where is the American University located? A.—No. 514 Pine street: I have no doubt but that some of the gentlemen connected with this establishment could explain some of the points on which we have doubts better than I.

Professor Rogers was then sworn.

Q.—Give us such information as you have upon this subject.

A.—Occupying the position of dean of the medical department of the University of Pennsylvania, the subject of the irregularity of the issuing of diplomas and of certificates, some of which profess to come from the institutions themselves, and some of which misled the persons who received them into the idea that they were receiving something from the University of Pennsylvania proper, has been a subject of very grave annoyance to me for some five years past. Very rarely, until the organization of what is now known as the "Philadelphia University of Medicine and Surgery," any communication from abroad or from our own country came to us asking for diplomas for pay; but since the organization of that institution very frequent applications, many of which I have simply thrown aside, feeling that it was hardly worth while to preserve them, have been made to us.

Quite a number of young gentlemen came to me early in the progress of our medical session representing that they have purchased in the South and South-west what were called scholarships from $35 to $75 each, under the idea that it was to the University of Pennsylvania that they were really paying the money. When they came there they found that there was an institution located on the same street (Ninth), and not very far from us, under another title, but somewhat similar to our title. Upon applying for a refunding of their money at this institution, they were told that that was their own lookout and not of the agents who sold the scholarships. So much for the deception that is practiced under a name so similar to that of the University of Pennsylvania that the difference was not discovered. In other words, it is

sailing under a trade-mark so similar to ours that it must necessarily mislead the public. In the South, I know, and I can swear to it as from statements that have been made to me, that merchants are in the habit of obtaining these certificates for a consideration so small that when they sell them, as they soon do, they make a considerable profit on them.

In the sale of these scholarships and diplomas they have been very successful in covering up their tracks, which makes it difficult to accumulate positive evidence on the subject.

Professor Rogers then read a number of letters relating to the sale of diplomas, of one of which we make a copy:

"THE GRAMMAR SCHOOL. MASHAM.
Yorkshire, England, Feb. 27, 1871.

SIR: The University of Philadelphia having recently conferred the honorary degree of 'LL.D." on a friend of mine, I am emboldened to ask under what circumstances an honorary degree of 'B. A.' or 'M. A.' can be conferred upon myself. I am head master of this old-established grammar school, and am about to be admitted to holy orders. I inclose a copy of my testimonials and a school prospectus.

"I am graduating at the London University, and have only the final examination to pass before I obtain the degree of 'B. A.' of that university; but as I am reading for orders I cannot expect to be able to pass that examination for a year or two at least. Under these circumstances I venture to ask you if an honorary degree can be conferred upon me *pro honoris causa* by your university?

"If you think favorably of my application, I shall be glad to learn from you the amount of the fees for the honorary 'B. A.' or 'M. A.' degree. I should be glad also to receive some information respecting the gowns and hoods worn, and, if possible, to receive a copy of the year-book for 1871. The postage of books or letters need not be prepaid unless you think proper. Trusting to receive an early reply from you, I am, sir, your faithful servant,

S. CRAWLEY, A. A. (London), F. C. S.,
Head Master Grammar School."

Q.—Do you know of your own knowledge of any diplomas being sold? A.—I have not seen any diplomas that have been sold. It is natural that those who receive them would keep them from my view.

Dr. Butler was then examined. He presented and read a number of letters relating to the sale of diplomas by the American University of Philadelphia, Also a card which was scattered broadcast, and signed by A. J. Hale, in which an offer is made to furnish the recipient with any degree from this institution, whether M. D., LL. D., Ph. D., etc., upon a written request and upon a C. O. D. basis.

He also gave the names of a number of young men who had purchased these degrees and who could be found. In addition, he presented an affleavit of Dr. Jacob P. Davis, of Indiana, sworn to and properly attested, setting forth:

"I did receive in the fall of 1869 several letters, said letters now in possession of S.W. Butler, M. D., editor of the MEDICAL AND SURGICAL REPORTER, of Philadelphia, from one L. Fairbanks, of No. 41 S. Tenth street, president of the Art Department of the Philadelphia University of Medicine and Surgery, offering me a diploma from that Art Department for $185. No attendance on lectures required."

Dr. Butler.—I had once an opportunity to purchase two diplomas, but the University of Pennsylvania refused to go into the purchase, and I did not buy them. They were to cost $50 each.

Professor Rodgers.—We refused not because of the price, but because the operation might make us *particeps criminis* if there should be any legal proceedings.

Professor Rand, of the Jefferson Medical College, was then called. He submitted at first some documentary evidence, and then said:

Some time ago I addressed a letter to Dr. McCarthy, of Huntingdon, in which I said "I understand you are practising under an eclectic diploma, purchased in this city. If this be true we cannot admit you to this college." I have his answer in which he does not deny the truth of the charge. During last summer, —I think in June—I had a visit from a gentleman who brought me a letter of introduction from Mr. George W. Fairman, in which he stated that he was a professor of toxicology and chemistry in the Pine Street Medical College. This gentleman said that notwithstanding the recent act of the Legislature, making it a penal offense to sell diplomas, they were still being sold at that institution, and also at the institution known as the Philadelphia University. He proposed that if I would advance him one hundred dollars because of the risk he ran, or guarantee him two hundred dollars he would bring me a diploma from each institution, made out in the name of a deaf, or blind, or dumb man or child; I told him I had no authority to do so, and I would lay the matter before the faculty of our college: I did so, and they declined to act in the matter; this gentleman's name is J. Dunbar Hylton; there are two members of our class that were offered these diplomas, and I have given their names to your sergeant-at-arms in order that they may be brought to testify.

George W. Fairman, attached to the Post-office Department, stated that under a law which prevents the delivery of letters addressed to or coming from swindling concerns, a number of letters addressed to Messrs. A. J. Hale, a negotiator of diploma sales, living in Jacoby street, and Dr. Buchanan, who is concerned in the Pine street institution, he did detain them for some time, until the head of the department required us to give them up.

Connected with the post-office was also Mr. J. D. Hylton. I knew him to be allotted to the Pine Street College as the Professor of Chemistry. He came to me one day and said, "I want to make some disclosures about the sale of these diplomas to you." I said, "You had better see Professor Rand," and he consented if I would give him a letter of introduction, which I did. His interview with the professor you have heard.

Some other witnesses were examined, but their testimony did not present any additional facts. The committee then adjourned. At the next meeting of the committee a large number of witnesses will present their testimony, which it is understood, will be conclusive.

Death of Paul Dubois.

This eminent obstetrician died at Paris, December 15, in the 77th year of his age.

Cholera and Rinderpest.

The exclusion of epidemics is a curious trait. Before the Cholera appeared in Poland, says the *Medicinische Central Zeitung*, the rinderpest prevailed destructively. When the cholera came it ceased. Now that the cholera has gone it has broken out more violently than before.

International Medical Congress.

On December 16th a meeting of physicians was held in Vienna, Professor ROKITANSKY presiding, to take measures for the International Medical Congress at that city, in 1873. The following subjects for discussion at the congress were proposed: Vaccination; Cholera and Quarantine; the Regulation of Prostitution; and the Sanitary Condition of Cities. It is to be hoped that the next meeting of this congress will be more fruitful of results than the last, which was an egregious failure.

Small-pox Items.

The deaths in the city of Mexico are about one hundred and fifty a week of this disease.

At Omaha, recently, a red flag was placed in front of a house used for the reception of small-pox patients. A large crowd was attracted by it, who besieged the front door and wondered when "the auction was going to begin." When informed of the real state of the case they scattered "in double quick."

It may be sometimes beneficial to have the small-pox. At Troy, N. Y., a man who had been insane for over two years caught the contagion, and, after the usual run of the disease, recovered not only his health, but his senses, and is both physically and mentally a well man. He is a carpenter by trade, and is about to resume work.

Up to February 1st, and from October 1st, Chicago, confesses to only 80 deaths by small-pox.

QUERIES AND REPLIES.

Small-pox without Eruption.

MESSRS. EDITORS: Will you answer through the MEDICAL AND SURGICAL REPORTER the following questions?

1st. Can a person have the small-pox and varioloid without an eruption in either? 2d. If so, would either case be contagious or infectious?

There is some excitement here on the above subject. I have taken the negative of the questions. I have had some experience with the disease, and have met it in all of it phases, and I am not yet willing to entertain the opinion that a person may have the disease and not know it, or rather without feeling sick. I am not quite ready to believe that if a person had, according to Prof. Wood's practice, "variolous fever" without *any* eruption, that the person so affected would be infectious and liable to disseminate the malady, and infect all with whom the person *said* to have variolous fever might come in contact. I have looked upon the disease as *not* contagious during its stage of *incubation*, but highly so from the time of the appearance of the eruption, until the last scale has dropped from the end of the nose. I shall look with interest to the coming numbers of REPORTER for an answer to the inquiries of

Ohio. O. C. F.

REPLY.—A person may have small-pox, *variole foudroyante*, without *characteristic* eruption, and infect others. Such cases die from the poison before the rash has time to appear. On the other hand there are very mild cases where there is variolous fever *without any eruptions*. This is the *ebris variolosa* of Sydenham, the *variola sine variolis* of other authors. But it is unquestionably capable of propagating the contagion.—EDS. REPORTER.

Use of Calomel.

MESSRS EDITORS: If a person takes a dose of calomel sufficient to produce a free discharge from the bowels, will enough calomel remain to salivate them, or does it ever occur that enough calomel remains in the system to produce ptyalism after it has produced a free discharge? Some affirm that it does, while others contend that it does not. J. F., M. D.

Kentucky.

MARRIAGES.

HAMILTON—REDHEAD. At Woodville, Miss., Dr. R. D. Hamilton, of Chattanooga, Tenn., and Mary Helen, only daughter of Dr. J. Redhead of Wilkinson co., Miss.

HOWARD—BATES. Jan. 3d, at the residence of the bride's father, by Rev. J. A. Williams, A. Howard, Esq., and Minnie E. Bates, sister of H. O. Bates, M. D., and eldest daughter of E. and A. M. Bates, of Brockville, Ontario.

JOHNSTON—JACOBUS December 27th, 1871, by the Rev. W. H. Benham, at the residence of the bride's father, in Penn Yan, N. Y., Dr. Robert Johnston, of Millford, Mich., and Minnie E. Jacobus.

LEONARD—PEPPER. In this city, February 3d, by the Rev. E. A. Hoffman, D. D., James B. Leonard and Catharine T., daughter of the late Dr. William Pepper

SPARKS—BARKER. January 23d, at the Trinity M. E. Church, of Philadelphia, by Rev. P. Cline, of Pemberton, N. J., assisted by Rev. H. A. Cleveland, pastor, George W. Sparks, M. D., and Miss Jennie E. Barker, both of Philadelphia.

DEATHS.

MITCHELL. In this city, February 3d, after a lingering illness, Mary R., wife of the late Prof. Thomas D. Mitchell, M. D., of Jefferson Medical College.

MORGAN. At his residence, 246 Fulton street, (before the fire 161 Huron street,) Chicago, Illinois, Alexander J. Morgan, M. D., in his 41st year. He was a graduate of Harvard University, Mass., in 1853, and a resident of Chicago since 1855.

THE

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Communications.

THE GENESIS OF CELLS, THEIR PHYSIOLOGY, PATHOLOGY AND THERAPEUTICS.

By Alexander S. von Mansfelde, M. D.,

Of Chicago, Illinois.

Deep in the recesses of the hiding place of the future man, we find many nuclei for the development of hypotheses explanatory of his generation; and, turn whatever way we please, many appear probable, with no other consequences following than the satisfaction, if such it is, that under our name a speculation has made its way into the business emporium of science, leaving no traces of being productive of dividends however small. We intend the former, and, in spite of Mephistophelian-laughter, with prospects for the latter.

Imbedded in the ovarian stroma we find many little, truly glandular, apparati, the sacci ovi of Graafe, the province of which is the secretion and preparation of one single cell, the material secreted containing all the constituents necessary for the formation of the cell; yes, even more: it contains the elements of many cells, minus the plastic material necessary for the formation of cell membranes and the liquid, which is to give shape to the organ so formed. Such is the ovum of the animal world. Ready to fulfill its office it springs from its boundaries and meets the spermatic fluid, and such is the attraction that the latter not only enters through the membrane of the ovum, but readily finds its way to the contents of the nucleus, the membrane of which breaks and innumerable nuclei are formed, which, following the general law of attraction, draw around themselves the granular masses of the yelk, and being encircled by a membrane, formed in the space where the fluid has become void of the above-mentioned granules, by coagulation, the solubility resting in the granules withdrawn, true organic cells are created, containing a part of the original nucleolus of the ovum; the fluid of the nucleus consisting partly of the fluid of the original single ovum nucleus and partly of some of the sperm fluid. The contents of the cell proper are formed by the granules of the yelk, the fluids absorbed either from the albuminoid substance (the white of eggs in birds) or from the secreting membrane of the uterus, prepared for that office, and part of the sperm fluid, the latter two of which also give origin to the cell membrane.

The distinctive cell series find their origin in the quantitative change of the cell nucleolus which is not, as supposed, a solid unity, but a conglomerate of atomic elements, which unite in certain numbers to form, not a fourth or a half, but two or three nucleoli; that is, a separation takes place when double or treble the number of atomic elements are present, and these find their way into the nucleus by absorption from the cell contents.

As soon as the division has taken place each nucleolus, for itself, draws around itself by the power of attraction and of rotary motion the product of heat spent in the body, a part of the contents of the nucleus causing at the point intermediate an empty space, which, following an universal law, causes the membranes of the nucleus to contract and adhere; at the same moment the two new-formed nuclei separate and compel the fluid contents of the cell to conform to the same

laws that created the nucleus; the dividing membrane, which in this case consists of a precipitate between the two central masses, being of the same material as the external wall of either cell, is formed by the chemical influence of the material which is the peripheral layer of the sphere; and as the common law would warrant, the lightest of the components, in this case the liquid fat, presents, as well known, in all cells what is necessary for cell formation. This fat coming in contact with the fluid, which is freed from all the materials (granules et cetera) that would prevent chemical reaction or affinity, causes the fibro-albuminoid fluid, at the moment it lubricates the sphere to coagulate, thus forming a natural boundary for the now completed organic cell.

(May not this intra-pheripheral layer of fat be the true cause of the interchange of oxygen and carbonic acid, thus explaining this physiological phenomenon and giving an explanation to the idea, our own, that oxygen enters from the arterial capillary, and carbonic acid finds its exit from the venous capillary; both being accompanied by the food and debris of the cell, the oxygenized cell-wall controlling the ingress, and the carbonized cell-membrane—this being opposite the other—the egress of matter?)

Thus the same laws that gave origin to the earth, and caused its center to be more massive and heavy; the same hand that permits, by the same laws, the superficial accumulation of material upon the globe, is active and good for the smallest spheres—the cells—forming the master-piece of the universe's architect—man.

That life exists can be demonstrated only through the manifestations of life; which, in all the animate creations, consists of three characteristic phenomena, namely: 1. SELF-MOTION; 2. SELF-CONSCIOUSNESS (inherent feeling); and 3. SELF-PRESERVATION. We venture to say that this assertion is strictly true, not only for the animal world, but also for the vegetable kingdom, both presenting these tokens of life to the observer.

It cannot be the province of the writer for a strictly scientific journal to fall into poetic phantasies, nor is he expected to give an explanation to all his statements, until any party, of course with the intention of favoring science, shall bring strong proof of doubt as to the validity of such assertions. A journal should be the place for statements, and not for long dissertations upon the subject, both to the loss of the reader and the writer, but it should be the home for contradictions based upon demonstrable facts. (The Carson-Snyder controversy for example.) Such has been the domain of the MEDICAL AND SURGICAL REPORTER, and the above cannot be taken as a lecture upon the requirements of a journal, but is to be a simple excuse, if we pass over to facts ourselves, without the long train of logical conclusions demonstrating such facts to others.

The newly formed cell, having all the attributes characteristic of the same, minus a deficiency in quantity, strives, governed by the law of equilibrium, to remedy such fault, by absorbing from the surrounding fluids matter which stands in chemical and physical relation to the cell contents; this constitutes dilation of the cell, the first independent act of the living structure; this is followed as a natural consequence by contraction, provided the cell-membrane is built of elastic material, which, no doubt, is the case. If the dilation is followed by absorption of matter, the contraction must be followed by excretion of material. Dilation and contraction are the only motions of cells, whether it be a sperm-cell or a female ovum; the cell of a blacksmith's deltoid, or the cell of the leaf of the noli-me-tangere.

Please to observe that the nerve-cells are subject to the same law, and readily admit and give off materials: the former consisting of nutritive particles; the latter of excretory matter, to serve again its part in the economy of the body, which may be, in this instance, a fluid irritant, causing the cell-walls with which it comes in contact to contract, or have the same effect, when some of it has entered the organ. The latter seems to be more plausible, as all the cells, of whatever description, excepting those that have assumed the condition of rest (bone-cells), contract and dilate at the same time, establishing thus a rythmical motion, provided the individual organs are not interfered with, by which we understand not a certain machine performing a specific function, but a series of cells alike in every respect. It is well known that under such circumstances other structures sympathize with the one interfered with. Is this not a satisfactory explanation of the formation of the

pulse and its irregularities? The pulsation of the venous blood is surely the same as that of the arterial system, and would be as plainly manifested if it flowed from larger vessels into smaller ones, like the arterial blood; the impulse is certainly given by the rythmical contraction and dilation of all the cells of the body, even those of the vessels themselves.

That the feeling or self-consciousness of the cells is a part of their individual character and not the product of a special set of organs, or cells, is proven by the fact that other materials than nerve matter, are capable of demonstrating the subjectivity of each cell. How will any one explain the fact that the spermatozoon can be caused to increase and decrease its rythms of motion, to the option of the operator, by materials having no analogy with nerves or nerve matter? Again, who will explain the motion of the peripheral cells of the fetus and those of its heart, either of which have no sign of nerves, by the influence of nerve force? We can not be made to find the products of a force in, or emanating from, a cell, if that attribute does not exist in the structure, but can well realize its manifestations when existing in the organ, being called forth by influences foreign to it. We are told that flowers have no nerves however diminutive; whence do they derive their power of self-consciousness, or feeling, which has been demonstrated to exist?

A row or mass of cells being formed and dilating and contracting will, through the fluids absorbed and excreted, give the fluids surrounding them an impulse of motion governed by the attraction toward them and the expulsion from them; thus the nutritive fluid is drawn toward the periphery and the excretions, mingling with the advancing fluid, are sent from the periphery. The nutritive fluid gliding along the cells will coat the same, not like glue does wood, but leaving the pores of the cell walls open, caused by the dilation and contraction of the cells; thus natural channels are formed accomodating themselves to the cells, as they happen to be grouped. These canals are the capillaries, existing prior to the formation of the larger vessels, even before the heart manifests its province as a whole organ. Could endosmosis ever accomplish the same object and be followed by the same consequences? No, it could not even favor nutrition, doing justice to every cell. Endosmosis may have an influence in regard to the kind of food absorbed by each cell complex, but never had, or will have, any control over the self-preservation of cells. This third act of life belongs to each individual cell, is part of its own character, and takes origin in the cell.

We could extend this subject *ad libitum et infinitum* if space would permit, but choose to omit examples and further proof until occasion shall arrive for their special observation, and close observing that the same trichotomy does not only exist in the physical but also in the psychical man. The food for psyche, derived through the conception of the senses, is assimilated through the analyzing power of understanding; the product thought is incarnated by reason. What upon the one side is known as the real, is on the other the ideal, and in our scientific labors the solution of the materials take place, retrogressive metamorphosis is completed, when the ideal is transplanted into the real, *et vice versa*. The former includes the manifestations of psychical life, the latter those of physical; but in both instance the three great landmarks of life are witnessed, namely: self-motion, conception, self-consciousness, knowledge, self-preservation, and reason.

The physiological condition of the cell is centered in its growth, its manifestations of mature life and the decline to which all organic creatures are subject, the time for such changes being the true criterion for the regularity of these processes, and any divergency therefrom will, nay must, be witnessed by the derangement of motion, consciousness and preservation. Thus, true pathology commences at the time and place, when and where healthy condition ceases. This latter character lies in the cell only; is it not plain that the former must not be looked for elsewhere?

1. The nucleolus, or compound atomic unity may cease to be developed, or its attraction of its own kind so deficient, that as a consequence the cell will decay.

2. Or its development may no more be in harmony with the laws governing its atomic composition, or molecular division, and then abnormal growths will be the result, cancers, epitheliomata, etc.

3. The contents of the cell may increase or decrease, caused by hyper or sub-nutrition,

thus giving rise to the long train of sthenic and asthenic diseases.

4. They may change in composition and then give rise (*a*) to pathological deposits; the tubercular matter, the cheesy formations, calcareous deposits, etc., or (*b*) liquefy, and thus favor absorption and death of the cell, or prepare the place for new formations, as fatty degeneration. But all these abnormalities must be governed by the cell membrane; and observe that in this tissue no powers exist but the purely physical conditions, dilation and contraction, under control of self consciousness of the cell. As a matter of course, pathology must restrict itself upon the arrest of these functions. This interference with dilation and contraction may take origin:

5. (*a*). In the cell by matters admitted, of course, foreign to the cell contents. The diuretics, diaphoretics, cathartics, the astringents (gallic acid), some sedatives, et cetera, will counteract this condition, are also dilators of the cell, if in a contracted condition.

(*b*). It may be affected externally by the condition of the blood, containing certain metals in solution, as iron, or the acids and acid salts which will favor contraction of tissue if a dilated condition exist (cholera infantum, dropsy, hemorrhage, etc).

(*c*). Lastly, this action may be arrested altogether either by the deposit of concrete matter in the cell, as bone cells from cartilage cells or tuberculous cells from gland cells, or by externally acting influences, the caustics and acrid matters.

Glancing over this synopsis of cellular pathology we will observe for treatment:

1. Diseases upon which we look with dismay, deploring our ignorance of pathological chemistry. These diseases belong to the physiologist, pathologist and chemist. (Tuberculosis.)

2. Diseases which are cured by the knife, because physiological chemistry has not advanced far enough to do away with such a crude substitute. These disorders belong to the physiologist and chemist, for they are only *diversions* from the *physiological condition*. (Carcinomata.)

3. Diseases which are treated successfully by hygienic ordinances. These disorders belong to the *parents*, the *teachers*, the *public-lecturers*.

4. Diseases cured by *remedies proper*. This class of disorders is the one with which the practitioner will have to battle, and this alone would give him, if faithfully attended to, the right to be preëminently the scientific man, and opens a perfectly satisfying sphere for his good will. Indeed, this alone, when ratified, will stamp the name of gabble upon opinions too much held to do the profession any good, and even favored by the public press. (See MED. AND SURG. REPORTER, No. 4, 1872, editorial.) Making deductions from the physiological and pathological conditions herein enumerated, we observe at once that the *therapeutic fact* received favors in no manner the idea held, that medicines are of any benefit, the obscure origin (nature) of which is followed by no less mysterious consequences; but on the contrary, it bids fair to place the remedy where it belongs, in relation to the malady which it is to cure.

We must again, as on page 489, vol. XXV., MEDICAL AND SURGICAL REPORTER, declare, that no matter, under whatever name or potency it be administered, will become a remedy except it be the true specific, *i. e.*, changes the abnormality into the condition standard health would indicate. Again, on page 468, vol. XXIV., MEDICAL AND SURGICAL REPORTER, we say that all medicines must come in contact with the cells upon which they are to exert their influence, either by combining with the contents of the cell, or acting through their own power, perhaps as foreign substances, or chemically influencing the cell-walls as parts of the fluid surrounding them, and that such action must always center upon a certain amount of dilation or contraction of the cell-walls.

(All sympathetic action being of course excepted.)

There are medicines that create diaphoresis, water; that excite hypersecretion of the sweat glands, tartar emetic; and some which affect other organs, will, by sympathy, produce diaphoresis, opium. Which is the true remedy for non-secretion of sweat? Or, in other words, which is the specific diaphoretic?

Will any one venture to say that opium is not followed by a lessened secretion from the glandular apparati? Does not the experience of ages certify such action? How is it, that the secretion of the sweat glands flows abundantly after its administration? An explanation we have tried to give on pages 478–81,

vol. xxiv., Medical and Surgical Reporter. Tartar emetic is followed by the same consequences, minus the interference with other secretion? Where is the chemical analogy between the two? Where their therapeutic equality? There is none. Yet they act in one instance alike—they are both diaphoretics. One of our honored teachers had a remedy belonging to the same order, but little known, though very effective; we have reference to a *dose of black bear*. We assure the reader that the sweat will find abundant cause to flow without the assistance of opium, tartar emetic, or any other diaphoretic, when the above dose approaches to embrace the patient with all its potency. Both opium and black bear produce diaphoresis—the one by forcing the fluids of the body toward situations to which it is not capable of coming, the other by a paralysis of the central motor nerve plexus, etc.—but they are not the true remedy, the true specific so long scorned at; this enters the cells of the glands and causes them to dilate, admitting thus more food and giving rise to greater cell-work; consequently the products of cell-labor appear more profusely. Diaphoresis is produced through the specific action of tartar emetic. Many such remedial fraternities could be cited, but when the cause of the friendship becomes clear, little will remain but a dependency of one upon the other. (Is it not the same in the world at large?)

An old writer said: "Give me the exact atomic structure of rhubarb and ipecac., and I will tell you why rhubarb purges and ipecac. vomits." We say, give us the physiological chemistry of the healthy cell—let us have an insight into the chemico-pathological changes of a cell, and we will place before you a large number of agents, specific remedies analogous with the physiological condition of, but antagonistic to, the pathological invasions upon the cell.

We shall have received good dividends from our labor if we should only enlist our true friend of medical learning to give testimony to the fact, that he has in his power a specific for the abnormal condition of one peculiar set of cells, the skillful administration of which will avert a long train of serious consequences. Then another step has been taken to establish a therapeutic science.

SUPPOSED CASES OF POISON BY THE AILANTHUS GLANDULOSUS, OR TREE OF HEAVEN.

By G. K. Meschter, M. D.,

Of Worcester, Pa.

I was called to the family of Mr. K. about the middle of November. On my arrival I found Mrs. K., a woman past the turn of life, my patient. This woman's own idea was that she had dyspepsia, as she had been troubled with a weak stomach for many years. From this patient's cachectic appearance I suspected some more serious disorder than that of a weak stomach. A dry and sallow skin; accelerated pulse; coated tongue; epigastric pain; constipated bowels; lumbar pain; difficult urination—these were her symptoms. I prescribed a bitter tonic and a diuretic. Several days afterward, on my second visit, I found my patient no better; and now the youngest daughter, a girl æt. twenty years, was complaining, the symptoms in this case being similar to those of the mother's. This second patient, I was told then, had not enjoyed her usual health for some time. On subsequent visits I found my patients getting worse; vomiting supervened in both cases, with severe and persistent pain in the stomach. And now another daughter took sick, the phenomena in this latter case being similar in character to the others.

I suspected poison of some kind the cause of this suffering; for all of this family were now sick save one, Mr. K. himself; and he being a carpenter by trade, was absent from home much of his time. Here then were three sick women in one and the same family, with no difference in their symptoms save in degree, all getting worse; and soon all of them were confined to their beds. The same disease attacked Mr. K. afterward, but he was never confined to his bed. All my efforts to discover a cause of this sickness were fruitless thus far. In reply to inquiries I was informed that they were getting their water at their neighbors, who were using the same water likewise for domestic use. As these patients' symptoms were alike, I give the history of one of them somewhat more in detail.

In the worst form the face presented a jaundiced or dingy aspect, and in this hue the eye sympathized. In one case the countenance was fixed and anxious. The skin was dry. The pulse was frequent and soft, ranging from

100 to 110 per minute. There was a slight coat, a yellowish fur on the tongue, save at the tip and edges, thus presenting the appearance of a tongue that is cleansing. There was tenderness over the region of the liver, and in one case apparent enlargement of this organ. But the main cause of suffering was pain in the epigastric region, and persistent vomiting, this pain being paroxysmal in character, at times almost excruciating. Pain in the back was also a constant symptom. The urine was with difficulty voided in two of the cases, and the bowels obstinately constipated in all. I went to the family where the K's. got their water. This family consists of four ladies. These women tell me they never drank water at their meals, always using infusions of tea or coffee, mostly coffee, and rarely drank any water at all. A paradise tree, they told me, gave the water a bad taste. And this was particularly noticeable in summer, when the tree had shed blossoms on the ground. We discontinued the use of this water in the K. family, and from that very day the patients began to improve, and made good and comparatively fast recoveries, almost without medicine; while previous to that discontinuance, medicine or no medicine, they gradually got worse. The members of the K. family, I should have mentioned, never drank anything *but water* from said well.

The cause of this disorder, then, I believe to have been water poisoned by the so-called paradise tree, tree of heaven, the ailanthus glandulosus of the botanists. In this opinion I am sustained by my friend Dr. I. F. LAMBERT of Hatfield, who saw these patients with me. The roots of this tree are ramifying the ground in every direction around, if not in, the well; its thick, awkward looking boughs reach over it; while in early summer the ground was literally covered with blossoms around it. And frequently, they tell me, the peculiar bitter taste so characteristic of this tree was imparted to the water. It may be, too, in autumn and early winter, when the sap is mostly in the roots, that more of the poisonous properties are given up by the roots and thus imparted to the water than at any other season of the year.

I should have mentioned that this trouble came on very gradually in the K. family; and that their neighbors who used of the same water were at times not exempt from like complaints; this latter family, however, always drank infusions, as I stated above. An infusion of half a pint of the bark of this tree caused severe nausea in my own person. A horse tied to a Paradise tree will not touch it; and I have noticed also that cows will not eat the grass that grows near the sprouts that shoot up from the roots of this tree. Cattle will thus avoid it as they do Lobelia inflata.

*Of the properties of this tree but little is known, it being introduced into this country during the present century as a merely ornamental tree, and not for any valuable properties. It is but briefly and incidentally noticed in the largest and most comprehensive works. ASA GRAY assigns to ailanthus a place among the Rutacea, to which the only native plants of the Middle States are zanthoxylon (the prickly ash or toothache tree); and Ptelea (the hop tree). Of this last he says: "The odor of the flowers is disagreeable, but not so much as those of the Ailanthus glandulosus, whose flowers, are redolent of anything but airs from heaven." LINDLEY, however, separates Zanthoxylon from Rutacea, and has it in an order Zanthoxylon, which order is not given by GRAY.

The properties of these orders, as given by LINDLEY, are: Of zanthoxylon, nearly all aromatic and pungent, Zanthoxyl, and prickly ash, are powerfully sudorific and diaphoretic, and remarkable for their power in exciting salivation, whether applied to the gums or taken internally. The Rutacea, anti-dysenterica; a plant of this order contains a poisonous principle, similar to that of strychnia, but twelve to sixteen times less energetic. Of Rutacea he says: "Their powerful odor and bitterness characterizes them; they act principally upon the nerves." Common pine and another species are said to be emmenagogue, anthelmintic and sudorific. The Ailanthus, therefore, seems to belong to orders of which some of the species have considerable effect on the human system. The species belonging to the same natural order are supposed or believed to be generally somewhat similar in their medicinal, salutary or poisonous properties, varying much in degree, but still having more or less of the general properties of the order.

*I am indebted to Dr. Hiram Corson, of Conshohocken, for information in regard to the history and botanical relations of this tree.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. Hayes Agnew.

[REPORTED BY DE F. WILLARD, M. D.]

Neuroma.

Here is a woman who has been before the classes of this university upon several previous occasions, suffering from a disease similar to that which you see upon her wrist. It is a tumor of the size of a walnut, movable, firm and dense, situated over the line of the ulnar nerve. This is now the sixth or seventh time that I have been called upon to remove these growths from various parts of her body; and as they were all neuromata, it is but right to infer that this is the same. As the others were not examined with the microscope I am unable to say whether they were true or fibro-neuromata. Their multiple occurrence, together with the comparative freedom from pain, would indicate the latter, while on the other hand the regional recurrence would favor the idea of their being true neuromata. By a true neuroma, nerve tumor, I mean one which is composed entirely of nerve filaments, and one which is exceedingly painful. The best illustrations are the apparently fruitless attempts of nature at nerve regeneration, seen in the club-shaped nodules in amputated stumps, so excessively painful, and so often requiring excision. Such proliferations would be similar in their object to the excess of callus in the healing of a bone.

Fibromatous neuroma are more common, and consist partially of newly-formed nerve filaments, or of fibrous filaments in or upon the nerve trunk themselves, and in fact most of the so-called neuromata are but fibro-neuromata, or possibly fibro-sarcomata. The fact that many of these tumors show peculiar fine bundle-like filaments, well supplied with nuclei, has often, no doubt, led to the idea that they were gray nerve-filaments.

In these tumors it is almost impossible to dissect off all the filaments which are often spread out over its surface, and it is frequently necessary to cut the nerve directly across and resect a portion. In some severe cases, where the tumor has been large, and upon an important nerve, as the sciatic, with great accompanying pain, it has even been recommended by surgeons that the limb be sacrificed.

The cause and origin of these tumors is very obscure, local injury seeming frequently to play an important part. Yet this could not be the case in those instances where such numbers exist, and where many different portions of the body are affected. In these cases the cause seems to be constitutional, and the number of these little bodies may be very great, even reaching several hundred in a single individual.

The solitary and traumatic neuromata are the most painful, the agony being sometimes most intense, especially if the tumor is pressed upon.

There is a small form of these nerve tumors known as painful subcutaneous tubercles, which present themselves as little, hard lenticular knots along the lines of the nerves beneath the skin. They seem to be the result of a form of chronic inflammation, and often give rise to extreme pain, with exacerbations at changes of temperature, or under mental depressions. These are sufficiently common to render it our duty to search for them whenever a case of neuralgia occurs whose cause is obscure, since their removal may be all-sufficient to effect its relief. Even epileptic convulsions are said to have ceased after their excision.

There are also the true neuromata found after amputations, and of which I have spoken, which usually consist of bulbous expansions. A stump may be sensitive from a peculiar irritated condition of the nerves, either from such bulbous growths or from pressure upon the nerves by the cicatrix or other tissue, or from too scanty covering of the bone. When the enlarged nerves can be felt in the stump it is wise to lay it open, and excise the diseased portion; but when there is no such enlargement, but simply a sensitive condition of the nerve itself, a reamputation is often the only means of cure. Even this may not be successful in some extreme cases, and I now recall the instance of a patient who submitted to one or two re-amputations without any relief whatever. The pain was most excruciating and could only be relieved by hypodermic injections of morphia, a remedy which is open to the objection that it must eventually become a baneful habit, and necessitate immense doses to produce its therapeutical effect. I finally decided that another amputation would be useless, and accordingly exposed and dissected out the axillary plexus. For a few months I feared that even this would prove ineffectual, but after that time the pain gradually subsided and I know that he is now entirely well. In any operation upon a nerve, you should inform your patient beforehand that entire relief may not immediately be experienced, but that pain will continue to a certain extent until the nerves have time to become quiescent, like waves after a storm.

I will now again extirpate this growth for our patient, informing her, however, that there may be return either upon this nerve or some of the others.

[The growth was now exposed by a straight incision, and the nerve filaments slowly dissected off the mass, the nerve itself not requiring cision. It proved to be a fibro-neuroma. The exwound was closed with wire interrupted sutures, and a dry lint dressing applied. It healed quickly.—De F. W.]

Inverted Toe-nail.

The next patient is a woman who is suffering from an inverted toe-nail. The circumferential tissues are red, indurated and inflamed, while upon either side is a large crop of granulations. She has been a great sufferer for many months, and it is evident that no improvement will take place while the offending cause remains, consequently it must be removed at once. In the commencement of this difficulty a cure may sometimes be affected by elevating the edges of the nail with pledgets of cotton, while the center is thinned by paring, but quite frequently this process proves ineffectual, and an operation becomes necessary. When granulations exist they may be pared off or sprinkled with red oxide of mercury or calomel. The removal of a nail, however, is not of serious import, since a tough skin soon forms, which is perfectly competent to sustain the future pressure, provided the boots are properly constructed. The chief causes of this disease are tight shoes, high heels, and improper paring of the nails, which should always be cut square across, leaving the corners untouched.

In operating, one side only may be removed, or the entire nail taken away, the latter being the preferable plan in the majority of cases.

It is an exceedingly painful procedure, and should never be undertaken without full anæsthesia. When this is accomplished the handle of the scalpel will easily separate the nail from its lateral and inferior attachments, so that it can be torn out by a pair of strong forceps. The chief cause of failure after this operation is due to the neglect in destroying the matrix. It must be thoroughly sloughed out with solid caustic potassa, but care must be taken that the action be not too long continued, else necrosis of the phalanx may readily follow. Acetic acid or oil are the best neutralizers.

(The nail was now removed and the abundant crop of granulations shaved away. Caustic potash was freely applied, quickly followed by a piece of lint saturated in oil. This dressing will remain for twenty-four hours, after which a flaxseed meal poultice must be continued for several days, the granulations being subsequently stimulated by ung. hydr. oxid. rub. until a cure is effected. DEF. W.)

Induration from Abscess.

The next case is a man who received an injury some weeks since, upon his finger. An abscess formed which opened of its own accord, and is still discharging through a sinus. The finger is greatly swollen and indurated, but from its appearance and that of the mouth of the sinus, I should not be inclined to say that dead bone was present. The probe, moreover, does not reveal its presence, and I think this induration is simply inflammatory. To remove this I shall order a strong solution of nitrate of silver, (40 grains to the ounce) to be daily applied over the entire phalanx, the same being subsequently dressed with cerat. resinæ comp.—Deshler's salve. Friction, cold douches, etc., may also assist in the return of this member to its former usefulness.

Medical Societies.

ANNUAL MEETING OF THE STATE MEDICAL SOCIETY OF NEW YORK.

[REPORTED BY T. D. CROTHERS, M. D.]

The Medical Society of the State of New York met in the common council chamber, at 11 o'clock A. M., Tuesday, February 6th, at Albany, to hold its sixty-sixth annual meeting. The president, Dr. WM. C. WEY, called the members to order, after which Rev. Dr. Snively, of St. Peter's church, offered prayer. The president then delivered his inaugural address. The following are some of the chief points of interest:

The immediate and remote effects of medical fellowship are illustrated by the history of this society. Insensibly, but with great power, it has exercised its influence upon every section of the State. It has so materially elevated sentiment in remote districts, under the form of combination among medical men, even though few in number, that the greater and more enlarged interests of the profession have been conserved and perpetuated. An element like a medical organization, regularly and earnestly sustained, has so often proven the means of resisting error among the people, of inducing obedience to the standard of ethics and doctrine and of individual profit and advantage to its members, that its value cannot be adequately estimated.

No one who has observed the evidence of medical growth and strength will question that incalculable good develops out of professional intercourse that has passed beyond the technicalities of constitutional amendments and the alteration of by-laws, and attained a condition that savors absolutely of legitimate scientific improvement. The fact has been repeatedly demonstrated, in a survey of the medical societies of the State, that the provisions of the code of ethics are most faithfully and conscientously observed, and the personal standard of character ranks highest in those counties and organizations in which active, hearty fellowship is maintained. I may add respecting the code of ethics adopted by this society, and antedating all other American codes, which, in some quarters, has been ridiculed and despised as effeminate and circumscribed in its teaching, that it is grounded upon a basis of morals which comprehends and illustrates the golden rule, and embraces in its scope an epitome of Christian teaching.

To such an extent am I persuaded of the

necessity of a more enlarged and specific knowledge and understanding of the ethics of our profession, that I would gladly see the whole subject made a branch of medical teaching in the schools, as a positive and necessary part of the means of education of the students.

According to the methods of instruction now practiced, inspiration of honor and character may be communicated to a pupil through the daily consistent walk and conversation of his preceptor. This ideal of excellence may be carried through the period of instruction and be incorporated in the professional life of the student, and it is a notable fact that if his former educational advantages have been liberal, his perception and appreciation of medical ethics will be immeasurably increased. On the other hand, if without previous preliminary preparation his early life has been devoted to practical rather than educational duties, and if it is his misfortune to pursue his studies under the training of a physician whose aim and purpose it is to procure business, regardless of the manner in which it is obtained, it is easy to see how, at the very beginning of his career, he is made to acquire false views of morality, honor and professional decorum, which subsequent lectures and introduction are in no way calculated to remove.

In the first case the student, by reason of adequate education before taking up the study of medicine, is instructed in elements which, under proper direction, will produce the full development of professional character and learning, and, as a natural consequence, a jealous estimate of the ethics by which he is to be governed in his intercourse with his associates and patrons.

In the other instance the whole subject of medical ethics remains a sealed book to the pupil, simply because his former life tended in no degree to prepare him for its comprehension. It was not illustrated, except by violation, and, as a matter of course, during his term of study, and received no explanation or illumination in the ordinary lecture term of a medical college.

Considering the importance of this subject in comparison with many upon which much time is spent in medical colleges, its present and remote bearing on the pupil, on the profession at large and on the public generally, I cannot but hope that it will ultimately receive the earnest attention of educators, so as to become an incorporated feature of teaching in the schools

A spirit has been manifested, where we would not have looked for evidence of such disregard of the obligations of professional obedience and discipline, to cut short the process of investigation of preferred charges against a member, in a properly qualified medical society, by an appeal to the civil courts to restrain the course of the inquiry by a summary injunction. Such a procedure is subversive of morals as well as justice, and effectually puts an end to all attempts to enforce compliance with the salutary rules by which voluntary and chartered organizations are sustained and perpetuated. It strikes at the very root of authority, by first assuming to be loyal and subject to it and afterward rebelling against its power in a way so treacherous and cowardly that but one course is left for a society thus compelled to yield to the interference of the officer of the law, and that is promptly to expel the revolutionary member; or if prevented by additional legal hinderances, to cease to hold social or professional relations with him.

I would press upon you the necessity of vigorously urging the Legislature to pass a law to compel the plaintiff, in case of alleged malpractice against a physician, to file a bond of indemnity for the reimbursement of his adversary in costs, should he fail to obtain damages against him. This subject was noticed by an appropriate resolution passed at the last session of the society, but the Legislature gave no heed to it.

As at present constituted, the law appears to offer inducements to irresponsible and unscrupulous men to bring suit for alleged medical malpractice, for the sake of effecting costly compromise, or to compel a defendant to submit to the expense and injustice of a trial. As is well known, malpractice suits are nearly universally brought by men as deficient in property as in character. A single spirit prompts the action, and that is a prospective money recompense for alleged physical disabilities, the result of accident and surgical treatment.

If a law, such as has been proposed to this Society, is passed by the Legislature, we shall see how promptly and effectually a check will be put on the prevailing tendency to hold medical men responsible for the consequences of surgical practice, especially in the treatment of fractured and dislocated bones.

I refer to the condition of medical literature in the State with peculiar pleasure. This remark applies as well to the journals as to the publication of original matter in the shape of extended volumes on special topics. Medical journals devoted to the general purposes of the profession and those advocating particular departments in our art, are so ably conducted by educated physicians, so enriched by contributions of the highest order, from progressive, representative men, so full of the results of research and investigation in all the fields of practical and scientific thought and inquiry, so greatly in advance of the last decade, and so fresh and glowing with the enthusiasm of a great cause, that it is a source of common pride and praise to utter a word in their behalf.

The more conservative and substantial book literature of the profession is yearly becoming more and more noticeable and important. So many valuable additions are being made to our stock of standard authorities by hard-

working and patiently investigating men, whose names are familiar as instructors and practitioners of eminence, that at home and abroad the reputation of the State of New York is well established among authors and students. I will not particularize when so great a number of elaborate works on specific subjects have been issued from a prolific medical press during the past five years, or even in the course of the preceding twelve months. Minute investigation of an exhaustive nature, in the hands of earnest men, is working out the positive and beneficent results which are sure to follow ardent and continuous devotion to special lines of study.

It remains to allude to the only sad feature of the year of the society since we last assembled. Four permanent members have died—Dr. Barent P Staats, of Albany; Dr. Andrew Van Dyck, of Oswego; Dr. Erastus L. Hart, of Elmira; and Dr. Henry D. Buckley, of New York. Drs. Staats and Buckley were present at the last session. Suitable notices of these eminent men will be contributed for publication to the Transactions of the Society.

The society then proceeded to business.

A draft of an act to be introduced in the Legislature relative to the punishment of malpractice was presented.

Drs. Didama, Bosman and Murphy were appointed a Business Committee; and Drs. Hyde, Jacobs and Berker, a Committee on Credentials. A committee was also appointed to carry out the suggestion contained in the president's inaugural.

Dr. Harvey Jewett read a paper on "A Case of Extra Uterine Fœtation."

Drs. Bailey, Quackenbush and Bottom were appointed a Committee of Arrangements.

Dr. Cook, of Canandaigua, read a paper on "Certain Forms of Mania."

On motion, certain gentlemen, whose names were read, were invited to take seats in the association.

Drs. Foster and Small, delegates of the Maine Medical Society, were introduced by Dr. Quackenbush, and invited to take part in the discussions of the sessions.

A communication was received from Dr. N. S. Davis, of Chicago, accompanied by a report of a committee of the American Medical Association in regard to the proper preliminary education of physicians. Paper referred to committee.

Dr. Rogers, of New York, read a paper on "Medical Art and its Practitioners."

Adjourned until 2:30.

AFTERNOON SESSION.

The society met again at 2:30 P. M.

The president named the following Committee on Nomination of Officers:

First district—D. B. St. John Roosa. Second district—C. C. Cooel. Third district—S. O. Vanderpoel. Fourth district—B. F. Sherman. Fifth district—John P. Gray. Sixth district—William Fitch. Seventh district—Harvey Jewett. Eighth district—Julius F. Miner.

Dr. Didama, from the Business Committee, announced that Dr. T. A. Emmett, of New York city, would read a paper on "Chronic Cystitis in the Female, and Mode of Treatment."

He detailed the new mode of treating chronic cystitis by puncturing the bladder from the vagina, and allowing the urine to pass off without irritating the coats of the bladder. This is only to be resorted to after other means have failed. He described the cause of death by cystitis, the pathological changes that follow, which would be obviated by this mode of treatment. He advised that the opening in the bladder be left one year at least before closing. He described a number of successful cases, saying that he had noticed that many cases of stone followed cystitis. This mode of treatment he thought would obviate this.

Members being invited to make any criticisms on the paper just read, Dr. Bozman, of New York, related at length some cases of a similar character coming under his attention. He remarked that Mr. Guthern, of Edinburgh, performed the first operation. Dr. Willard Parker was the first surgeon in this country to operate, but his case died soon after. Then Dr. Bozman followed with several successful cases. He advised a large opening in the bladder, and thinks a small opening will close and defeat the object sought for. He thinks calculi are owing to this cause, viz.: the imperfect adaptation of the edges of the wound, causing the lips of the wound to fold up within and become packets, the bed of the future calculi. Has never seen but few cases.

TREASURER'S REPORT.

Dr. C. H. Porter, treasurer, presented his annual report. The receipts for the past year were $1,012.39; expenses, $633.45—balance on hand, $378.94.

Report accepted and referred.

Dr. White, of Buffalo, read a paper on "Chronic Inversion of the Uterus."

Dr. Quackenbush, of Albany, spoke on the paper just delivered.

Dr. Rider, of Rochester, read a paper on "Ophthalmic Diseases."

Dr. Pooley, of Yonkers, one on "Surgical Diseases of Children.

EVENING SESSION.

Dr. Rockwell, of New York, delivered an interesting address on "Medical Electricity," and gave some interesting experiments with electro medical machinery, batteries, etc., from the Galvano-Faradaic Manufacturing Co. of New York.

Dr. Doremus, of New York, followed in a lengthy address on Drugs, after which the society adjourned until 9 o'clock this morning.

SECOND DAY—MORNING SESSION.

The society met at 9 A. M., President Wey in the chair.

Prayer by Rev. Dr. Upson, of Albany.

REPORTS.

Dr. Kendall, of New York, reported he had visited the meeting of the N. H. State Medical Society last June, as a delegate from this Society. Accepted.

Dr. Jacobi, of New York, from the committee appointed last year to report on the "Protection of Foundlings," reported at length the investigations of this committee. The figures given in his report show that fully 75 per cent. of foundling infants in New York die before they are a year old—dying in foundling hospitals though every possible care be given them. Adopted.

On motion of Dr. Rogers the Committee on Foundling Asylums was continued for another year, and the name of Dr. Joel Foster, jr., added to the committtee.

Dr. White, of Buffalo, reported that the by-laws of the following county societies do not agree with the requirements of the State Society; Niagara, Broome, Chemung, Rockland and New York. Report accepted.

Drs. Ferris Jacobs and John H. Van Kleek, delegates to the New Jersey State Medical Society, reported they had performed their duty. A dopted.

Of Dr. Samuel Hart, delegate to the Rhode Island Medical Society. Accepted.

Of Dr. H. S. Chubbuck, to the Pennsylvania Medical Society. Accepted.

Of Dr. Newman, to the Connecticut State Society. Accepted.

Dr. White, on behalf of Drs. Thomas F. Rochester and Henry W. Dean, Committee on Prize Essays, submitted their report. But two were offered, viz.: "On Uses and Abuses of Sea Bathing," and "Why do Plants Absorb, as Component Constitutents of their Frames and Organs, Certain Chemical Elements in Preference to Others?" No award of the Merritt H. Cash is recommended in the report. Accepted.

RESOLUTIONS.

By Dr. F. B. N. Lewis:

WHEREAS, The medical faculty of Harvard University having taken a most important step toward the more thorough preparation of medical graduates, so much needed at this time, by extending the time and mode of study and by successive and extended examinations, be it

Resolved, That this society, desiring to encourage any means pointing to the better education of medical men, extend its congratulations to the said faculty of Harvard University, with sincere desires of success in this most necessary advance. Adopted.

COMMUNICATIONS.

A communication was received from J. P. Griffen, secretary of the Syracuse University, asking the State Society to appoint a censor.

On motion of Dr. Bradford, as amended by Dr. Kendall, the communication was accepted and referred to the nominating committee.

PAPERS PRESENTED.

Dr. Gray, of Utica, read a paper entitled "Thoughts on the Causation of Insanity."

Drs. Cook and Coventry spoke to the text of the paper.

REPORTS.

Dr. Didama reported, by title, the following papers, which report was accepted, and the papers referred to the Committee on Publication: Intussusception, by Stephen Rogers, of New York; Obituary Notice of Dr. Edward Hall, of Auburn, by Dr. Cummins; Memoir of Dr. John H. Reynolds, of Wilton, by Dr. Allen, of Saratoga; Obituary Notice of Dr. Alfred E. Varney, of Middleville, by Dr. C. W. Hamlin; Memoir of Dr. C. Barrows, by Dr. Hutchinson, of Utica; Annual Address before Oneida County Medical Society, by Dr. H. N. Porter; Biographical Sketch of Dr. Andrew Van Dyck, of Oswego, by Dr. J. B. Murdoch.

Dr. Squibb presented to the president of the society a collection of photo-micrographs, with accompanying notes of explanation, embracing some of the prominent points of the investigations of the Army Medical Museum, and illustrating the active progress made under the Surveyor-General of the army during the past year; and as supplementary to the report of the committee of this society on this subject at the last annual meeting. Upon the single subject of the important investigations of Chonheim and others on the minute blood vessels and the results of these observations in regard to the mechanism and results of inflammation, these researches exhibit their importance; and their value to the profession at large can hardly be overstated.

Dr. Corliss, of New York, related a few cases of dropsy which he cured by digitalis, squills and calomel.

Dr. Noyes, of New York, addressed the society on the subject of "Blepharoplasty" accompanying his remarks with illustrations on the black-board.

Dr. Moor, of Rochester, read a paper on "Two Cases Illustrating Phonation," and also made some interesting remarks on "Colles Fracture."

Recess until 2:30 p. m.

AFTERNOON SESSION.

Dr. Caro, of New York, read a paper on "The Use of Hydrate of Chloral in Rigid Os Uteri." Accepted and referred.

Dr. Rogers, of New York, explained at some length a bill before the legislature in relation to the homeopathic and eclectic medical societies, and after a lengthy discussion, in which members generally expressed their objection to the legislature meddling in the affairs of

medical societies, Dr. Hutchinson, of Brooklyn, offered the following:

Resolved, That the Medical Society of the State of New York disapproves of the proposed law entitled "An Act to Protect the People against Quackery and Crime," now before the State Legislature. Adopted.

Dr. Rogers called attention to the law in relation to criminal abortion, and moved that it be the expression of the society, that it is commendable and deserving of approbation. Agreed to.

Dr. Tupper, of Washington county, read a paper on "Venesection."

Dr. Hutchinson, of Utica, read a paper on Malignant Tumor of Orbit.

Dr. Quackenbush introduced Dr. Hunt, of the New Jersey Medical Society, who, having been welcomed by the president, suitably acknowledged the compliment.

A paper by Dr. James S. Bailey, on "Some of the Causes of Death occurring soon after Child-birth," was read by title.

Dr. Prout of Brooklyn, read a paper on Paracentesis Membrani Tympani.

Dr. Allen, of the Pennsylvania State Medical Society, was introduced and welcomed by the president.

Dr. Squibb, from the special committee to consider the question of "Medical Education," presented a report and resolutions, which were adopted.

Dr. Miner, of Buffalo, read a paper "On Enucleation of Ovarian Tumors and Treatment of Pedicle."

Prof. Buck, of New York, read a paper on Hypertrophy of Under Lip, treated by Surgical Operations."

Dr. M. R. Holbrook read a paper on a case of "Gun Shot Wound of the Skull," and exhibited a portion of the skull in illustration.

Dr. Gay read a paper on the "The Defense of Taxis in Strangulated Hernia."

EVENING SESSION.

At eight o'clock the society met in the assembly chamber, when President Wey delivered an able and interesting address, on "Medical Responsibility and Malpractice.

THE BANQUET.

Later in the evening the members, State officers, distinguished civilians, and representatives of the Press partook of a banquet at the Delavan House.

MORNING SESSION.

The session was opened by prayer by Rev. Dr. Bridgman. Dr. Peters offered a set of resolutions providing that an article of the Code of Ethics of the American Medical Association, in regard to the adjustment of differences between physicians be added to the Code of Ethics of the New York Medical Society, and that members of the State Society shall be members of their county societies.

The chair announced the following appointments to prepare obituary notices: Dr. Hiram Corliss on Dr. B. P. Staats; Dr. Wm. R. Roberts on Dr. Henry D. Buckley; Dr. T. H. Squire on Dr. E. L. Hunt; Dr. B. F. Sherman on Dr. Darius Clark.

Dr. Bailey made a statement as to the distribution of the printed proceedings of the society. The volumes were sent to the secretaries of the different county societies.

The Committee of Education were allowed to amend their report, presented yesterday, so as to provide for sending a copy of the report to each member of the society.

Dr. Babbit, of the Massachusetts Medical Society, was then introduced to the society, and made a brief address, and was replied to by Dr. Corlers.

The chair announced as committee on changing the time of the annual meeting, Dr. Vanderpoel, of Albany, Dr. White, of Buffalo, and Dr. Hutchinson, of Brooklyn.

The Committee on Nominations presented their report; it was accepted, and the following persons were thereupon elected as follows:

President—Cornelius R. Agnew.

Vice-President—B. F. Sherman.

Secretary—Wm. H. Bailey.

Treasurer—Charles H. Porter.

For Censors—Southern district: Edward R. Squibb, Samuel T. Hubbard, H. C. Husted. Eastern district: James L. Babcock, P. McNaughton, C. C. Covele. Middle district: M. M. Bagg, Horace Lathrop, Charles G. Bacon. Western district: J. F. Minor, C. F. Wyckoff, D. Colvin.

Permanent Members — Nathan Bozeman, James L. Little, First district; M. R. Holbrook, A. C. Hull, Second district; Leroy McLean, P. V. S. Pruyn, Third district; Arthur S. Wolf, Henry H. Green, Fourth district; G. L. Halsey, Edwin Hutchinson, Fifth district; Joshua B. Graves, J. H. Squire, Sixth district; C. G. Pomeroy, C. C. Murphy, Seventh district; Charles E. Rider, Eighth district.

For Honorary Members.—M. Nelaton, Rulolph Virchow.

Eligible to Honorary Membership.—Lewis Oakley, Elizabeth, N. J., Charles H. Hewit, Red Wing, Minn.; J. M. Toner, Washington, D. C.; Joseph D. Brown, U. S. A.

For the Degree of M. D.—Cornelius H. Schaaps, Brooklyn; Wm. Lamont, Schoharie.

Dr. Roosa offered the following preamble and resolutions, which were adopted:

WHEREAS, the Code of Ethics to which this society and the various county societies acknowledge allegiance, provides appropriate and sufficient means for obtaining redress in all matters of differences between physicians.

Resolved, That any physician preferring charges, or against whom charges may have been preferred, who shall resort to courts of law or any legal process, shall be considered unworthy of membership in medical societies: and if a member, shall be declared expelled by the president at a stated meeting of the society to which the offender may belong.

Resolved, That a copy of this resolution be sent to the American Medical Society.

The Business Committee having announced that they had nothing further to present for action, on motion the society adjourned *sine die*.

The attendance was large this year, and more than usual interest manifested. The president's annual address was a clear, practical discussion of a difficult subject, and deserves a wide circulation. Dr. Cook, of Canandaigua, on "Certain forms of Mania," and Dr. Gray, of Utica, on "Thoughts on the Causation of Insanity" were both thoughtful papers, particularly in reference to temporary insanity as an excuse for crime. Among the other papers of interest was that of Dr. Miner, of Buffalo, and Prof. Buck, of New York, etc. The subject of withdrawing from the control and legislation of the State, and becoming an independent society, met with general approval. At present the State regulates and prints the transactions of the Eclectics and Homœpathics on the same basis. Dr. Squibb's report on "Medical Education," and Dr. Jacobi's, of New York, on the "Protection of Foundlings," were of more than usual interest, and will appear soon in pamphlet form. Altogether, this session of the society was a marked one, in its influence on both its members and the profession at large. When its numerous papers are printed it will be noted.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

[REPORTED BY DR. WM. J. PURCELL.]

At the stated meeting held in November, 1871, the following newly elected officers were duly installed:

President—Dr. Henry E. Crampton.

First Vice President—Dr. Daniel E. McSweeny.

Second Vice President—Dr. Samuel Blume.

Secretary—Dr. William J. Purcell.

Treasurer—Dr. Verranus Morse.

At the regular meeting held Feb. 6, 1872, Dr. Crampton read the following paper on

Plural Births.

I was called on Dec. 12th, 1871, about 11 A. M., to attend Mrs. D——, æt. 35, in her eighth confinement.

The messenger stated that she had been in labor for about an hour. I found the vertex presenting, the waters evacuated, and the labor progressing naturally, though from the evident severity of the pain and the fact that the patient was a multipara and had previously had very rapid labors, it seemed to proceed slowly; still the delay was not so marked as to attract attention at the time.

The first child, a male, was born about one o'clock P. M.; it weighed at birth 6¼ lbs. In attempting to deliver the placenta, I found another child, with vertex presenting as before; membranes intact; with a common knitting needle I punctured the membranes, and pains soon coming on, a second male child was speedily delivered, weighing 5 lbs.; the liquor amnii was excessive in quantity. Attempting again to extract the placenta, I met with some obstruction, and upon passing my hand into the cavity of the uterus I felt the feet of a third fetus; the triple placenta preventing its descent; the pains ceased entirely; the uterus became flacid; the flooding was excessive, and the situation became alarming. Fearing to deliver the child until some effort at contraction had been made, I endeavored by external manipulation to induce the pains, at the same time sending a messenger in haste for tinct. ergot. The patient became hysterical; lips pale; faced livid—in short, presenting all the symptoms of one dying from loss of blood. Administering the ergot, I was soon gratified by witnessing its decided effects; I then proceeded to deliver, which I did by the feet, without difficulty excepting some trifling delay of the head at the outlet. It was a female, and weighed at birth 5¼ lbs.—the three together weighing 17 lbs.—the placental mass was readily delivered, and seemed to be single upon external examination, though the three cords entered it at different points.

The circulation for each fetus was probably distinct. Aitken in his work upon obstetrics, published in Edinburgh in 1783, states that as a rule in cases of this kind, "one presentation is frequently preternatural." The points of interest in the case are, first, its rarity, which we will discuss further on. Secondly, the size of the children, weighing together 17 pounds. Thirdly, the excessive œdema of the lower extremities of the mother for some time before birth, necessitating bandaging of the entire limbs. I can compare it to nothing but an extreme case of elephantiasis, with the exception of the color. The superficial veins of the abdomen were also enormously distended.

I suspected twins, although she had given birth to seven children previously at single births.

A fourth practical suggestion occurs to me in connection with this case, which is, the necessity for the obstetrician being provided with ergot whenever attending upon a case of labor. I lost much valuable time in being obliged to send for it in this case, for which, however, I was hardly accountable, as I had been intercepted while going my rounds.

The infants seemed to have a fair chance for life, and began to nurse well, but all died on the fourth day, seemingly from want of vitality. One of them became jaundiced before death. No autopsy was permitted. The mother did remarkably well.

Scattered throughout medical journals are reports of cases of triplets of various degrees of interest. I have collated fifteen which I will briefly narrate, with some practical deductions therefrom.

Case reported by Dr. Bell Fletcher, of Birmingham, England, in the *Lancet* for Sep. 11th, 1841. Mother, æt. thirty years; number of pregnancies not stated. She had sup-

posed herself pregnant, but the abdominal distension was so great that she had come to the conclusion that she was dropsical. This case is interesting from the fact that consultation revealed the existence of three fetuses, precisely two months before the day of birth. The infants were females, and with the mother all did well.

Case No 3.—Reported by Dr. A. H. Buchanan, of Columbia, Tenn., in the *American Journal of Medical Sciences*:

Mother, æt. thirty-five years; third pregnancy. The first child, a male, weighed seven pounds; the second, also a male, weighed four pounds, and the third, a female, weighed five pounds; all lived.

Case No. 4.—Reported by Dr. J. W. Pittinaos in the *American Journal of Medical Sciences*, October, 1861. The sixth pregnancy and the first of plural birth—one girl and two boys. There were two placentæ. The children all died on the third day; but the mother did well.

Case No. 5.—Reported by Dr. Montgomery in the same, October, 1856. Fifth pregnancy—three boys; all did well, united weight, fourteen pounds fourteen ounces. It is reported that the infants were named respectively Alma, Inkerman, and Sebastopol; the births occurring in Dublin, and at the period of the Crimean war, and the parents being of a martial and patriotic turn of mind. Queen Victoria, it is said, headed asubscription list for their benefit with the sum of five pounds sterling. I have been informed that this is her usual custom whenever a triple birth occurs in her dominions.

There were two placentæ, and the second child, after presenting at first with an arm, was afterward delivered naturally, unaided, spontaneous evolution taking place.

Case No 6.—Reported in the *London Medical Gazette* for October, 1846. Primipara, birth at seventh month of fetal life; two evidently blighted at four months; the other living three hours; there were as usual two placentæ.

Case No. 7.—Reported by Prof. Naegele, in the *London Medical Times* for August 15th, 1846; primipara; æt. thirty-two:

This case, occurring in a London Hospital, is chiefly interesting from the fact that the existence of two, at least, was determined during labor, there being a difference of sixteen beats between the pulsations of the two fetal hearts, as ascertained by asculation. After the birth of one child there were still heard two fetal hearts, one of which had evidently lain behind and been muffled in sound by the first born.

Case No. 8.—Reported by Dr. J. S. Lare, of Janesville, Wis., in the *Boston Medical and Surgical Journal* for February, 1860; primipara; miscarriage at two and a half months; reported to be too small to distinguish the sex.

Case No. 9.—Reported by Dr. J. L. Chandler, of St. Albans, in the same, for March, 1860; seven and a *half* months; two girls and a boy. It is somewhat singular that all three lived and did well.

Case No. 10.—Reported by Mr. Stettle, in the *Lancet* for Oct., 1853; primipara; the children were all females and all survived, but the mother died in six hours from the time of labor, of exhaustion, which seems indeed to have been of an alarming character before the first child was born.

Case No. 11.—Reported by Mr. Furnival, in the *Lancet* for July, 1863. Whether primipara or multipara it is not stated. Two males and one female, the second and third child presenting preternaturally. Their weights were five and a half, six and six pounds. The mother and children all did well; there were two placentæ.

Case No. 12.—Reported by Dr. S. M. Riper, of Lebanon, Indiana, in the Philadelphia Medical and Surgical Reporter for Oct. 31st, 1868. Mother æt 35 years; second labor two males and one female; weights respectively six and a half seven and eight pounds. The second child presented by the breech. Single placentæ.

Case No. 13.—Reported by Dr. M. Donnellan of Point Coupée, Louisiana, in the *American Journal of Medical Sciences* for November, 1839; mother æt 36 years; seventh pregnancy. The first child was a footling; the others vertex presentations; weights respectively, boy nine and a half pounds, girl seven and a-half pounds, boy seven pounds; aggregate weight, twenty-four pounds; all did well.

Case No. 14.—Reported by Dr. McSweeny, of New York city, in the Philadelphia Medical and Surgical Reporter for January, 1869.

Age of mother and number of pregnancy not stated. The infants, all females, survived; two presented preternaturally. The labor was severely complicated by inversion of the uterus and excessive flooding. Two placentæ.

Case No. 15.—Reported by Dr. L. L. Jones, of Deerfield, Michigan, in the same journal, July 1870, fourth pregnancy. Age of mother thirty-two years; two placentæ; all boys; weights respectively four pounds four ounces, five pounds ten ounces and five pounds two ounces.

Our statistics are, perhaps, somewhat limited. Still, our deductions seem to coincide with the views held by more extensive observers in all essential points.

Thus, of eleven in which the number of births were stated, there were four primiparæ and seven multiple. In eight cases in which the age of the mother is given, we find the average to be about thirty-five years.

The sexes seem to be pretty equally divided. In eleven labors we have nineteen males and seventeen females.

In eight cases in which the placentæ is mentioned, we find it single in two. It is probable, however, that in all cases the circulation

for each fetus is entirely distinct. In one case it is mentioned that two infants were enclosed in one bag of waters.

With reference to presentation, we find that in the six cases in which it is mentioned ten infants presented naturally and eight preternaturally, one being a breech and one a footling. This is perhaps what *a priori* reasoning would lead us to expect. The infants must be packed in the uterus to economize space, and one would naturally present with some other part of the body than the vertex.

Of ten cases collated by Duncan, not one occurred in the first pregnancy, which is somewhat singular, considering that about forty per cent. of those which I have found were primiparæ.

Hugenberger reports that at the St. Petersburg Midwives Institute there were admitted between 1845 and 1859 three women in their fifteenth pregnancy with triplets, and each had triplets three times. Leopold reports a quadruple birth in the seventh pregnancy of a woman aet. thirty-four, and mentions another case, in an eighth pregnancy.

Still the fact remains as stated in the quaint language of the old professor before quoted: "A plurality of fetuses are frequently conceived at once. The range as to numbers is from two to five—the lower numbers oftenest occur." I think the majority of physicians will assent to the concluding statement, as many practice medicine for a life-time without meeting a case of plural births exceeding twins. These are not uncommon, but we will mention only four:

One reported by the Georgia *Medical and Surgical Journal*, in 1859, of a negro girl, æt. 19, primipara, giving birth to twins weighing 9½ and 9¼ lbs., both females, and all did well. And another, reported by Dr. Brittan to the Edinburgh Obstetrical Society, November, 1862, of a woman pregnant first at 25, giving birth to 25 children at 14 pregnancies, 11 being twins. Dr. Wakefield, of South Maldea, Mass., reports a case of a multipara, who gave birth to twins weighing nine lbs. one oz. and eight and a quarter lbs., boy and girl, both natural presentations, and all did well.—*Boston Medical and Surgical Journal*, September, 1860.

Dr. Hurlburt reports in the same *Journal* for October, 1860, a case of twins, boy weighing eight and three quarter lbs., girl weighing ten lbs.

From a report published by Dr. B. W. Geddes, Columbia, S. C., of births in that State for the year ending December 31, 1859, we find that the proportion of plurality births was 1 in 94 59-100 in both races, there being a larger number among the whites, which is a much lower rate than we find in Great Britain or the continent.

Analyzing the tables as given by Churchill with regard to the frequency of plural births among woman of different nationalities, we find that of 129,172 cases at the Dublin Lying-in Hospital, presumedly of Irish parentage, one in sixty-two was a twin, and one in 4,454 was a case of triplets. In 369.980 among British practitioners one in seventy-five was a twin case, and one in 5.561 triplets. Among French practitioners, in 39,409 cases, one in 108 was a twin, and one in 6,568 a triplet. Taking the grand total we have 666,424 cases, and 8,006 of twins, or one in eighty-three cases; and eighty-seven cases of triplets, or one in 7,443.

It has been held that plural births should be considered as an abnormity, on account of their rarity, and Dr. Arthur Mitchell, in a paper published in the *Medical Times and Gazette* of November 15, 1862, demonstrated the abnormity of plural births in the human female. His convictions are as follows: First. Among imbeciles and idiots a much larger proportion is actually found to be twin born than among the general community. Second. Among the relatives of imbeciles and idiots twinning is also found to be very frequent. Third. In families where twinning is frequent bodily deformities (of defect and excess) likewise occur with frequency. Fourth, the whole history of twin births is exceptional, indicates imperfect development and feeble organization in the product, and leads us to regard twinning in the human species as a departure from the physiological rule, and therefore injurious to all concerned. Fifth. When we pass from twins to triplets and quadruplets everything we know regarding these latter give support to the general conclusion in question.

To these conclusions Duncan suggests he might have added the frequency of abortion of hydramnios and the occurrence of acephalous monsters only among twins.

Of the fifteen cases which I have narrated, three were premature births.

It is within the experience, I think, of most of us that first babies are often lost, being either still-born, or dying soon after birth.

This may be partially attriouted to ignorance on the part of the mother of her new duties and consequent want of proper care of her infant, but this alone will not account for the loss. It seems more likely that the theory of a kind of birth-wave is correct. The first infant, being imperfectly elaborated, has a slighter hold on life, and in fact the birth is more apt to be multiple, which our own statistics given above would prove if subjected to ultimate analysis. This also accords with the theory of Dr. Mitchell.

If the mother escapes a multiple birth at first, then, as statistics show, she is not again liable to give birth to more than one child at one time until her seventh or eighth pregnancy, when the birth-wave, having reached its height, begins to subside, and the product of insemination being again imperfectly elaborated, she is apt to have again a multiple birth.

Experience seems to confirm this theory, which Dr. Duncan, with elaborate statistics,

has endeavored to prove. Nearly twenty-three per cent. of all twin cases occur in the first pregnancy. Concerning the age of the mother, as affecting the question of fertility, it appears, that while of mothers from 15 to 19 years of age only every 189th had twins at a birth; mothers rising in age were more prolific in twins, till at the age of from 35 to 39 years the climax of fertility in twins was reached, every 45th woman producing two at a birth, or fully four times as many as the woman under twenty.

This again confirms our theory above advanced of a birth-wave. After all, what concerns us principally as practical physicians, when attending a case of labor which proves to be multiple is, what is the proper treatment of the case before us? It is not what are the statistics as to frequency, nor whether the sufferer is a primipara or a multipara, but what are you going to do? Of course, if the labor is progressing naturally, we must obey the first great law of obstetrics, to let the patient alone; but unfortunately some sort of assistance is naturally required in cases of plural births.

The precise nature of our interference must, of course, be determined by the individual case before us. If the pains seem inefficient, then recourse must be had to ergot, and the forceps must be at hand to supplement it. If the ergot alone fails, after two full doses have been exhibited, say in half an hour after the first dose, then, if we would save the lives of the children, we must resort to either the forceps or turning.

Ergot is a powerful and useful medicine, but it is a poison to the fetus. Fortunately, in plural births the infants are usually small, and the dread resort to crainotomy is unnecessary. In case No. 3 spontaneous evolution of the second fetus took place after the arm had presented.

The mother also demands our constant care. She must be soothed and encouraged. Not by words alone, but by the physician showing by his every act that he is himself "master of the situation." Women know well whether their attendant is really competent to care for them or whether he is "putting it on." And no amount of *nonchalance* or pretended wisdom can conceal our weakness, if it exist. They feel that their lives are, as it were, in our hands, and their instinct of self-preservation will pierce through every disguise. After all, the general principles of obstetric practice are our true guides.

The mother must be enjoined from rising up in bed even, in some cases, and from making any exertion except that which is absolutely necessary, especially in cases of great weakness and exhaustion from loss of blood or protracted labor.

This extreme caution must be observed for several days, while at the same time she should be well nourished, especially if she propose to nurse her infants. I am an advocate of an ordinary diet in child-bed; if anything, instead of restricting the bill of fare I would extend it.

Child birth is *not* a disease, and the absurdity of trying to deceive the stomach with crackers and water only, or chiefly just when the most important secretion of the human body is being established and elaborated, is fast becoming apparent.

The infant must have milk or die, and the richer the blood of the mother the more nourishing will be the result. The old story which goes the rounds so often of the corned beef and cabbage eaten the day after confinement to the dismay of the nurse, but to the evident satisfaction and eventual benefit of the mother and offspring, contains a modicum of truth after all.

WABASHAW (MINN.) COUNTY MEDICAL SOCIETY.

The second annual meeting of the Wabashaw County Medical Society convened at Dr. Tefft's office, Plainview, January 16th, 1872.

Members present—Drs. Tefft, Waste, Milligan, Axtell, Spafford, La Rue.

By vote of the society, Dr. Lincoln of Wabashaw, Dr. J. W. Hancock, of Maiden Rock, Wis., Dr. Ford, of Elba, and Dr. Bacon, of Mazeppa, were elected members of the Society.

Dr. Spafford was elected president, Dr. Lincoln, vice president, and Dr. La Rue, secretary and treasurer, for the ensuing year.

Dr. Milligan read an able article on the "Practice of Medicine;" he also gave two very interesting reports, viz.: Removal of the superior maxillary bone, and a case of Enterotomy.

The committee on by-laws was continued until next meeting.

Executive Committee for the ensuing year —Drs. Waste, Lessing and Milligan.

Epidemic and Endemic Diseases—Drs. Tefft, Remondino and Axtell.

Surgery—Drs. Patton, La Rue and Ford.

Midwifery — Drs. Lincoln, Milligan and Bacon.

Physical Diagnosis—Drs. Patton, Milligan and Lessing.

After receiving reports of several interesting cases, the society adjourned to meet at Wabashaw, June 1872.

B. F. La Rue, M. D., Secretary.

——A dreadful tragedy occurred in Gosport, Clarke county, Alabama, recently: The wife and daughter of Dr. G. W. Files, of Gosport, during his absence were brutally murdered in broad day-light, at their residence, by a negro boy, apparently from sheer wantonness.

EDITORIAL DEPARTMENT.

PERISCOPE.

Epidermic Grafting

Mr. GEO. GROTE, M. B., one of the surgeons to the German army in the late Franco-German war, now of St. Catharines, Ontario, writes to the Canada *Lancet:*

From a careful study of a large number of cases where large patches of skin were removed by shot and shell, I became anxious to try the good effect of transplanting as soon as an opportunity presented itself. On my return to England I took charge of a large practice in order that I might have ample opportunities of treating cases, requiring surgical operations, and more particularly those cases where epidermic grafting would be of the greatest advantage to the patient. It was not long until a case suitable for the operation came under my notice. This was an ulcer of long standing, and was still spreading. The ulcer was situated on the very common site, the anterior surface of the leg, and resulted from an abrasion of the skin two years previous. The ulcer was at the time of operating about two and a half inches in diameter, with elevated edges, discharging pus freely of a very fetid character and very painful, indeed so painful was it that the man could not get rest at night, and his health was fast failing.

I take the following from my case book. Benj. Murrick, æt. 45, residing near Smithwick, county of Staffordshire. The operation was performed on the 21st of December, 1870. From the unhealthy state of the ulcer it was necessary to improve its condition, as also the general health of the patient before operating This I did in time by the steady use of pot. iodide in large doses *ter die*, and the constant employment of lotions of chloride of zinc and carbolic acid alternated, and linseed meal poultices at night, together with a sedative draught to relieve pain. Gradually the ulcer began to take on a healthy character, healthy granulations began to appear, and the general health of the patient so far improved that I determined to operate at once. I operated as follows:

A small piece of skin was taken from the anterior surface of the arm, midway between the shoulder and elbow joints (this part being chosen as one not easily disturbed while healing); this I divided into four pieces, and after slightly scratching the surface in four places at equal distances from the center of the ulcer, the grafts were carefully applied and strapped in their places by two narrow strips of adhesive plaster. A piece of lint saturated in carbolic acid lotion, strength one in forty, was applied, and above this a pad of lint to maintain the equal temperature; a bandage was applied over all rather firmly in order that the grafts might be retained in their place. In two days after, I removed the dressing, when the epidermis came away from the grafts, which remained firm in their places, but appeared raised from the surface of the ulcer and of a white, dead appearance. I continued the carbolic acid dressing, and pot. iodide treatment. Seven days after, the grafts began to assume the appearance of the surrounding granulations, and in a few days lines of cicatrization were seen starting out in all directions from the grafts. The case went on successfully under the above treatment till gradually a good cicatrix covered the whole surface of the ulcer. The man is now perfectly well and able to go about his work, January 30th, 1871.

The grafts seem to act as natural stimulants, and arouse new energy in the marginal cicatrizing edge.

In conclusion, by this process of grafting we shall be able to prevent those unsightly and distressing contractions of burns, hitherto so frequent, and to remedy them when they have occurred. Another field of usefulness is offered to skin grafting in cases of severe lacerated wounds, requiring partial amputation, or involving considerable sloughing. In retraction of stumps, leaving bones covered with granulations only, transplantation of skin will be of great service, and will doubtless save some secondary amputations. It is not necessary to take the graft from the person to be operated on, it can be taken from another healthy subject. The patient must be kept in his bed and well nourished with good, nutritious food.

The operation does not always succeed; but it does so in a sufficient number of cases to warrant our trying the experiment.

I have much pleasure in contributing my testimony in favor of epidermic grafting. Should this simple operation prove after a few years experience among professional men to be successful in a majority of cases, the profession will be able to establish the reputation of an operation which must prove to be one of the most valuable discoveries of the nineteenth century.

——In a trial before the Mayor of Okalona, Miss., a few days since, the question as to "whether a wife could sleep with her head upon her husband's arm all night without paralyzing it sufficiently to wake him up and cause him to withdraw his arm from under her head," was sprung. It proved too hard for the young attorneys who were conducting the trial, and an old physician was called in to decide the question, and he said, "She might, and then again she mightn't."

Reviews and Book Notices.

NOTES ON BOOKS.

——We omitted to state in our notice of the *Aldine* last week, that it is published by JAMES SUTTON & Co., 23 Liberty st., New York, the general agent in this city being Mr. EDWARD A. HEINTZ, 816 Walnut st.

——Without the brilliancy of some of its cotemporaries, *Arthur's Home Magazine* has a home charm and a purity of character that always makes it a welcome visitor. There is no magazine that we would sooner put into the hands of the young people of a household. *The Children's Hour*, by the same editor, is one of the most charming of children's magazines published—just the thing for the little ones at the fireside, and on the mother's knee at the children's quiet evening hour. T. S. ARTHUR & SON, of this city, are the publishers.

—— *The Galaxy* is one of our favorites. Its tales are generally of a high order, and its other articles are always instructive and entertaining. The mails have cheated us out of our last number, but we are looking forward to the reception of that, and the current number, with the assurance of being well repaid for waiting.

——What would the women portion of our family do without *Godey's Lady's Book*? It is always prompt, always charming, and age increases its attractions. Every page reflects the genial spirit of its proprietor, and the gentle loveliness of the wonderful editor, who, with four score years of gathered wisdom, is still fresh and vigorous as ever in performing what has become to her a labor of love.

——The annual report of the New York State Inebriate Asylum shows that institution in a flourishing condition. Dr. D. G. DODGE, the superintendent, says:

"The report shows, in the present year, as compared with the one preceding, a large increase in the number of patients.

"It shows that, as the number of patients have increased, the current expenses of the Institution have decreased in inverse ratio.

"It shows, for the first time since the organization of the Asylum, an excess of receipts over expenditures.

"In addition to the favorable financial condition of the condition of the Institution and the steadily increasing number of patients who are daily seeking safety within its walls, I claim still greater and more favorable results from the universal good conduct of the inmates, the personal interest which they evince in its success, and the increased percentage of those truly reformed and permanently cured over the past or any preceding year. The general health of all the patients has been uniformly good. Notwithstanding a large number of cases have, on their admission to the Institution, been difficult and alarming, all have terminated favorably; and during the past twenty months that I have had charge, not a single death has occurred. These facts alone plainly demonstrate, not only the necessity of these asylums, but that, by the great advantages invariably secured to their inmates, by making their treatment and care a specialty, a large class of men may be rescued and restored, mentally, morally and physically, a majority of whom would otherwise drag out a miserable, degraded, worse than useless life, or sink into a premature and untimely grave."

——Dr. JOSEPH PARRISH, President of the Pennsylvania Sanitarium, Media, Pa., in an article on the Classification of Inebriates, separately published from the Transactions of the American Association for the Cure of Inebriates, divides those unfortunates into the following classes:

First.—Professional debauchees, whose purposes in life seem to be limited to the gratification of appetites or passions; and who, yielding to such gratification, have not only become confirmed inebriates, but have fallen into other excesses of a more vicious character.

Second.—Those who, without a decided intention to do wrong, and without any abiding purpose to do right, are the victims of their own moral weakness, or of the cupidity or recklessness of others.

Third.—Those who are earnest in their desire to live soberly and righteously, and anxious to avail themselves of every means offered by others for their recovery; who are capable of estimating their danger, and possess the courage to confront and antagonize it.

For the purpose of illustrating the foregoing statements, statistics are presented from the records of the Pennsylvania Sanitarium, as follows:

Whole number of inmates received, 234.

Confirmed class.—Whole number, 84. Returned to former habits, 51. Improved and attending to business, 24. Insane, 2. Cured, 7.

Emotional class.—Whole number, 72. Returned to former habits, 9. Improved and attending to business, 42. Cured, 21.

Accidental class.—Whole number, 66. Returned to former habits, 3. Improved and attending to business, 16. Cured, 47.

Opium Cases, 12. Improved, 5. Cured, 7.

Confirmed class.—Cured, 8 per cent.; incurable, 60 per cent.; improved, 28 per cent.

Emotional class.—Cured, 30 per cent.; incurable, 12 per cent.; improved, 58 per cent.

Accidental class.—Cured 71 per cent.; incurable, 4 per cent.; improved, 24 per cent.

Of the whole number admitted (234) there are improved and cured 169, leaving only 65 who are estimated as beyond the reach of recovery.

BOOK NOTICES.

The Prevention and Cure of Disease: A Practical Treatise on the Nursing and Home Treatment of the Sick. By George H. Napheys, A. M., M. D., etc. "Without health, life is not life." With numerous full page illustrations. Springfield, Mass.: W. J. Holland & Co., 1872. 1 vol., 8vo., pp. 1110. Sold by subscription.

There is a widely extended prejudice in the profession against popular instruction in medical matters, a prejudice altogether well founded and just, when we examine the vast majority of the publications which pretend to convey such instruction. They are nearly all either intended for advertisements, or else are ignorant compilations by incompetent hands.

When a physician of acknowledged reputation, therefore, turns his attention in this direction, his works deserve a more extended comment than we usually give, for they are addressed to a public who are unable to judge of their merits, who will be led often blindly by his dicta, and who must look to professional sources for a guide to their opinions.

The large and compendious volume now before us is not a work on "Domestic Medicine," in the ordinary sense of the term, but aims at a wider field. But we prefer to let the author explain his purpose in writing it, in his own words. In his introductory he remarks:

"There are in medical science a large number of useful facts which every man and woman ought to know, ignorance of which will bring anxiety and suffering to themselves, and prevent them from doing their duty to their friends and relatives. They cannot fulfill their obligations as Christians and neighbors without this knowledge. * * * *

"These essential, useful facts it is the purpose of this work to give, presenting them in some natural connection, and in plain terms. They require no preliminary study of anatomy, physiology, or pharmacy; they shall be of such character as are needed in every-day life; and they shall be carefully chosen with regard to their accuracy."

He divides his work into three parts, stating their contents as follows:

"In the First Part of this work we shall speak of the hygienic rules which should govern the individual when in health, and impart to him the invaluable information how to escape contagious diseases, and those which are inseparable from some occupations and inherent in some constitutions. In other words, it will be a treatise on the *principles* of hygiene.

"In the Second Part will be taken up the care of those who are already ill. We shall there explain the proper way to *nurse* them, to prepare their food, to minister to their many wants, and to provide for them whatever comforts the pain-racked couch of sickness can command. Every physician well knows that instruction on these points is sadly needed; that thousands die every year, not from lack of nursing, but from officious and ill-advised nursing, through the unintelligent though well-meant attentions of their families—nursed to death, in fact. * * * *

"The Third Part of our work shall be engaged with the means of *curing* disease. There will be general directions how to distinguish the complaints most frequent in this country, but we shall altogether omit the hundreds of rare and obscure diseases which make up the bulk of medical works, and can neither be recognized nor treated by any but the skilled practitioner. Sudden accidents and the proper help in the emergencies of life shall receive especial attention. * * * * *

"We shall lay especial stress on the medicinal properties—and they are many—of such

articles as are always at hand in every house for other purposes, such as salt, mustard and the like. * * * * * * *

"We shall now add what he need *not* expect from this book. It will *not* make him a physician, still less will it make 'every man *his own* doctor.' The art and science of medicine requires for its mastery years of patient, assiduous, unwearying toil; years spent by the bedside, over the dying, among the dead. * *

"How absurd, how unprincipled, therefore, the author who in the compass of one volume professes to include all that is requisite for a mastery of this science! Such is *not* the scope or purpose of this work. More humble in aim, we hope it will prove more really acceptable and profitable to the reader."

Pursuing this plan, the first part commences with a chapter on long life, setting forth those rules which experience has proved most conducive to longevity, and illustrating them with examples. This leads to a more minute discussion of the laws of health, comprised in chapters on food, on drinks and narcotics, clothing, on healthy dwelling houses, exercise, and rest and sleep. The directions given have in them little that is new, and on that account we like them. They embrace the familiar precepts of sound science, free from "hobbyism" or prejudice, and aiming at no sensational novelties.

The succeeding chapter "On the Prevention of Special Diseases," is in some respects the very best in the book, and is the most complete essay on the subject we have anywhere seen. It is over one hundred pages in length, and replete with instructions how to avoid disease, of incalculable value to the general public—if heeded. Professional men will find it well worth perusal.

The chapters on the prevention of decrepitude, on death, and the disposal of the dead, contain many useful hygienic directions.

The second part is divided into the nursing of children, the nursing of adults, cookery for the sick, directions concerning medicines, notes and maxims on nursing and the care of the infirm. Our examination of this part has impressed us very favorably with the thoroughness with which the author has compiled it. It supplies what we have long wished for, a complete and reliable treatise on nursing, which we can recommend to the general reader.

The third part commences with a brief sketch of the functions of the human body, and then proceeds to "diseases and how to distinguish them." Of course only the more common complaints are mentioned, and the diagnostic points specified are such as are most striking to the untrained eye. The therapeutical chapters are three. The first is on the hygienic means of cure, mineral waters, climate, the Swedish movements, etc. The second discusses medicines, recommending especially for domestic use those articles found in every house, indigenous plants, and such drugs as are most efficacious but not poisonous. The materia medica thus presented is admirably adapted to the wants of the general public, and is, we must say, a model of its kind.

The third chapter, on "Standard Domestic Remedies" is the realization of a proposition which was made in the MEDICAL AND SURGICAL REPORTER as early as March, 1855, namely, to supplant secret and patented remedies by a series of approved formulas calculated to meet the ordinary demands of domestic practice. Acting on this hint (for which he gives due credit), Dr. NAPHEYS selects a set of recipes from eminent therapeutists and recommends them to be put up and sold in place of the unknown compounds generally vended for domestic treatment. The formulæ chosen are in some instances open to objections, but the general plan is a step in the right direction.

The remainder of the volume is occupied with descriptions of diseases and their home treatment. They are usually explicit and clear; except for some omissions, which ought in a future edition to be supplied, this part is very satisfactory.

This analysis sufficiently sets forth the scope of the work, and justifies us in saying that it is without exception the book of its class most deserving of commendation by physicians, and at the same time, from its entertaining style, and the absence of technical words, most likely to be perused with interest by unscientific readers. The open and clear print, numerous and well-executed illustrations, and the excellent paper used will also contribute not a little to its popularity.

In the Charity Hospital, Berlin, they are using with success in small-pox, the substance called hylol, a substance of the benzole series. Ten to 15 drops every 2 or 3 hours in water or capsules, is the dose.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 24, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PRACTICES AFFECTING POPULATION

Within the last few weeks we have received three articles upon separate topics, but closely related in their effect upon population, and hence meriting a more extended public notice than one merely professional. For, as we have often pointed out in these pages, that department of our science known as "State Medicine" profoundly interests the statesman, the patriot and the philanthropist.

The three articles we refer to are a lecture by Dr. WILLIAM GOODELL, on "The Avoidance of Offspring;" an essay, by Dr. ELY VAN DE WARKER, on "Criminal Abortion;" and one, by Dr. A. JACOBI, on "Infant Mortality in Public Institutions."

The position taken by the first of these writers is that there are no harmless means for preventing conception, that every expedient suggested, even that of total abstinence from intercourse, will damage either health or morals, or both; and that recommendations of every such course on the grounds of prudence, or poverty, or over-population, or excessive child-bearing, are suspicious and condemnable. The following extract will show his views. The lecture appeared in the *Medical Times* of this city:

"The husband suffers mentally, because no *man* can behave in so unmanly a way without a keen sense of self-abasement, without being stung by the chastisement of remorse. Dishonor the body, the temple of the soul, and you dishonor the soul. Again, by this cowardly recoil, his enjoyment in the act is so blunted that he is tempted to seek elsewhere for those pleasures which are denied him at home. Further, he suffers physically, because, although he passes through the crisis of the sexual act and completes it in that sense, yet, owing to his withdrawal from the person of his wife just before the moment of ejaculation, this acme of the orgasm, by the lack of the normal and necessary adjuvant—viz., the rugous and constringing vagina—is not sufficiently prolonged to wholly empty the *vasa deferentia*. Enough of the semen remains behind to tease his organs and to kindle in him desires too importunate to tolerate any great self-control. He is thus goaded on to such sexual excesses as no brain nor brawn can long support; for a constant drain on the life-giving fluid implies a constant expenditure of nerve-force. Early exhaustion and premature decrepitude will inevitably ensue if this practice of "conjugal onanism" is persisted in. Nor is this name a misnomer; for there is no essential difference between this habit and that of masturbation. Both injure in precisely the same way, and for precisely the same reasons. It does, indeed, seem to be the law of Nature that man must suffer the punishment of the onanist if he parts with the "seed of another life" in any other way than in that by which it tends to become fruitful.

"The wife suffers the most, because she both sins and is sinned against. She sins, because she shirks those responsibilities for which she was created. She is sinned against because she is defrauded of her rights. Lawful congress completely performed so far satisfies an imperious instinct, that attendant local congestions are at once relieved, and to great nervous excitement succeeds a calm repose of body and mind. On the other hand, conjugal onanism provokes in her desires which keenly solicit that very gratification which is denied by the nature of the act. The excessive stimulation of the whole reproductive apparatus remain unappeased. A nervous super-excitation continues, which keep up, as in our patient, a sexual excitement and a hyperæsthesia of the parts. By forfeiting her conju-

gal rights, she does not reach that timely conjuncture which loosens the tensions of the coarctive muscles of her erectile tissues. Hence the congestive orgasm of the vagina, uterus, fallopian tubes, and of the ovaries, does not at once pass away, but persists for some time—perhaps is not wholly effaced before another incomplete coition brings a fresh installment. Thus arise engorgements, erosions, and displacements of the uterus, and inflammation of its appendages, accompanied, of course, by all those protean mental and physical manifestations which I have so often pointed out to you. She takes distorted views of life and of the marriage relation and harbors resentment against her husband as the author of all her ills."

The prevalence of the habit of limiting families justifies, in Dr. GOODELL'S opinion, an energetic warning of the ill consequences he believes always result. His views are shared by the Gynecological Society of Boston, which body lately expressed similar sentiments. They are controverted as questions of fact by CHARLES DRYSDALE, of London, and to a certain extent by Professor MATTHEWS DUNCAN, of Edinburgh. One point should be clearly recognized by these various disputants, and that is, that to the physician, *salus populi suprema lex*, and that no scientific man is authorized or justified in condemning a practice *from a scientific point of view*, because he considers it objectionable *morally*. Any such procedure is illogical in the extreme, as it transfers by a jump, as it were, the discussion from the realm of facts to that of ideas.

Dr. VAN DE WARKER'S essay on the detection of criminal abortion presents the frequency and physical bad effects of that violation of nature in strong light, and contains much needed information. He has found that instrumental means are far less frequently resorted to for this purpose than drugs. Almost every drug store, he asserts, has some preparation which it prescribes "across the counter" to the women who apply for something to rid them of their unborn children.

Hundreds of gross of pills are sold in Albany, Troy, and doubtless most other cities, every year for this avowed purpose. Even country store-keepers keep on hand compounds for this purpose as part of their regular stock. To be sure, there is a law in New York against selling drugs for this purpose, but it is the interest of everybody concerned to disregard that statute, and consequently it is a dead letter.

Yet the liability of abortion, induced medically, to terminate fatally, is largely in excess of that brought about by instrumental means. Much, however, would seem to depend on the drugs used. Probably the most popular of these abortifacient drugs are aloes, rue, and cotton root. The sales of the latter have quadrupled within the last five years, and, so far as we know, it has no other use than that of causing premature birth, for its so-called "emmenagogue" action amounts to nothing else.

Dr. JACOBI'S address brings before us in vivid colors the terrible mortality that prevails in large public institutions for the care of infants. He takes as an example the "Nursery and Child's Hospital" of New York city, a very carefully managed institution, in which the infants are fed half on breast milk, half on well-selected artificial food. Most of the children admitted were several months old, and all were healthy when admitted. What are the results? We give them in his words:

"Statistics prove that the mortality of the infants born alive, from the date of birth to the fifth month is larger than that of infants between that age and two years. Of three infants who die before the the termination of their first year, two are less than five months old, and one is between five and twelve; and, of thirty-one who die before the end of their second year, twenty-six have not reached the end of the first, and but five die between their first and second year. Thus, of the above 50 per cent., eight would belong to the second year, forty-two to the first. They were admitted at a time of life when mortality is but half of what it is in the first months. Thus it

appears that the mortality of the Nursery, if all of the admitted infants were new-born instead of being four to five months old, would be so appalling that I am glad I am not required to state its exact figures. The worst figures of the European foundling-hells of former centuries are not more fearful than ours, and, although being an officer of that institution myself, and believing that I and all the rest of us have conscientiously tried to do our duty, I cannot but testify and bow down to the truth, that, in spite of all the efforts of the medical staff, and the painstakings of kind-hearted ladies, the probability of the lives of children intrusted to a public institution is very slim indeed. The younger the children, and the larger the institution, the surer is death. Every story added to an edifice which is meant to be a temple of love is an additional hecatomb of the innocents. Modern civilization, planning for the best, but mistaken about the means, has succeeded in out-Heroding Herod."

These figures are indeed startling, and justify his conclusion that large institutions designed for raising young infants should be done away with.

Instead of placing them in such establishments, his proposition is to board them with families in the country, as is often done in Europe. This, indeed, offers them practically their only chance of life.

In these sad phases of our modern civilization we recognize gigantic evils which it is the peculiar duty of the physician to combat. We cannot calculate the damage they are doing, not merely by reducing the sum total of our national strength, for we estimate this as the least of their attendant evils, but by destroying the incitements to virtue, by altering the purpose of marriage and the relations of the sexes, by familiarizing the mind with base purposes, and by sapping individual health. None of these things can occur without spreading disease, debility and premature death.

Without unreservedly accepting the opinions of either of the writers we have quoted, the almost simultaneous discussions by acute observers in different fields of topics so closely allied is a remarkable—we may even say a portentous and ominous—coincidence, which must strike the attention of all. Unfortunately, except the last mentioned, in none of them do we find practical suggestions for diminishing the evils described. It is clear enough that addressing exclusively professional audiences *will not do it.*

Notes and Comments.

Alumni Association of the Jefferson Medical College.

PHILADELPHIA, Feb. 17, 1872.

EDS. MED. AND SURG. REPORTER:

Dear Sirs: Will you please insert the following notice in your next issue:

"The Alumni Association of the Jefferson Medical College proposes to hold a social reunion during the meeting of the American Medical Association in Philadelphia in May next. The alumni of the college are cordially invited to attend. Those who expect to be present are requested to send their names and addresses to either of the secretaries: J. EWING MEARS, M. D., 222 S. 16th street; R. J. DUNGLISON, M. D., 636 N. 18th street.

"Yours respectfully,

"J. EWING MEARS."

A "University" Diploma at a Discount in England.

The medical diplomas issued for a consideration by certain so-called medical universities of this State, to foreigners and persons not qualified, do not appear to be thought very highly of in England, where a druggist was recently fined a hundred dollars by a magistrate for falsely assuming the title of M. D., although he had one of these diplomas in his pocket. The charge against him was that he had sent out bills for professional attendance with the letters M. D. attached to his name, and had the same title printed underneath his name on a lamp in front of his door. For the defense it was shown that he had received a diploma of "The Medical University of Pennsylvania," (Philadelphia?) and it was contended by his counsel that even if the college had no power to grant the diploma, yet if the defendant believed it had, the charge must fall to the ground. The magistrate took a different view of the matter, however, and fined him the sum

of twenty pounds and costs. It is to be hoped the State Senate Committee appointed last week for the purpose of examining into the facts connected with the alleged traffic in these diplomas, will sift the subject to the bottom, and that if necessary the Legislature will revoke the charters of such institutions as are proved to be thus bringing the good name of the Commonwealth into contempt and disrepute.

News and Miscellany.

Medical Society of Alleghany County, Pa.

The Alleghany County (Pa.) Medical Association held an election for officers and delegates, for the present year, with the following result: President, Geo. D. Bruce; Vice President, Thomas Mahon; Recording Secretary, W. H. Daly; Assistant Recording Secretary, W. H. McKelvey; Corresponding Secretary, Thos. J. Gallaher; Treasurer, N. McDonald; Censor, J. C. Maginni; Medical Examiners, B. C. Wilton, A. M. Pollock, T. W. Shaw; Delegates to American Medical Association, James King, Gallaher, Pollock, Foster, Wood, Daly, McDonald, Asdale, Snodgrass, Huselton; Delegates to State Medical Society, Jas. King, Daly, Walker, Wood, Pollock, Bruce, Coffey, Knox, Simpson, Foster, McClean, Jones, Sarver, Magee, Reiter, Legge, Leasure, Smith, Thomas, Mowry.

List of Medical Patents issued from the U. S. Patent Office to American inventors, for the week ending January 30th, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:

Medical Compound or Salve, Theodore Kuhn, Greenville, N. J.

Compound Salve for Cure of Cancer, H. J. Rendall, Jarratts' Depot, Va.

Ladies' Accouching Garment, H. R. Easterling, Bennettsville, S. C.

Artificial Teeth, C. H. Mack, Portland, Oregon.

Reissues.—Vaginal Irrigator, M. Mattson, New York City.

January 23d, 1872.—Galvanic Truss, M. Schuppert, New Orleans, La.

Medical Compound, R. L. Turner, Columbia, Texas.

A Natural Bone-setter.

A certain *Frau Regina del Cin*, from a small village near Trieste on the Adriatic, has been creating no little stir in Venice, Trieste and Vienna, during the last year, by her operations on old luxations, stiff joints, etc. She is about fifty years of age, small, black-eyed, active and muscular. An opportunity was given her at Trieste in the General Hospital, with, it was alleged in the Vienna medical papers (especially the *Medicinische Wochenschrift*), extraordinary results. This winter she is in Vienna, but the reports as to her success in the hospitals are contradictory. Certain it is, however, that she is "coining money" from the general populace, with whom she is a great favorite, and who flock to her rooms for treatment in crowds.

Sudden Death of a Physician.

January 27th, Dr. Arthur J. Macwhinney, M. D., 1510 Vine street, died very suddenly, aged 53 years. Deceased was out late on Wednesday evening attending to his patients, and retired to rest about ten o'clock. About one o'clock in the morning his wife noticed her husband breathing strangely, and called some of the servants, but the deceased expired in a few minutes. The coroner held an inquest, when a verdict of death from apoplexy was returned.

——A French savant, in a paper "On the alteration of Well Water by proximity of Burial Grounds," asserts that a distance of 150 yards is insufficient to protect water from contamination with organic matter from cemeteries.

MARRIAGES.

Holloway—Chatham.—Feb. 6th, in Flemington, Pa., by Rev. H. C. Holloway assisted by Rev. M. P. Crothwait, Dr. L. M. Holloway, of Jacksonville, Pa., and Miss Annie M. Chatham.

Hopkins—Monroe.—At Baltimore, Feb. 7th, at the residence of the bride's father, by Rev. Dr. Leeds, Frank Neville Hopkins of Baltimore, and Frances A., only daughter of Dr. N. P. Monroe, formerly of Belfast, Maine.

Meeser—Burroughs.—On the 10th inst., in Titusville, N. J., By the Rev. John S. Gilmor, Dr. George F. Meeser to Sallie E., daughter of John Wesley Burroughs, Esq.

Sinkler—Brock.—On Saturday, February 10, at St. Clement's Church, by the Rev. Wm. Herbert Norris, Dr. Wharton Sinkler and Ella, daughter of John Penn Brock, Esq.

Smith—Imhof.—Dec. 2, in the Protestant Church in Munich, Bavaria, by the pastor, Dr. Normand Smith, of this city, and Miss Alena Imhof.

DEATHS.

Griffiths.—In this city, on the 14th inst., of disease of the lungs, J. Steinmetz Griffiths, youngest son of Dr. C. M. and Mary R. Griffiths.

Hamilton.—At Morristown, Belmont co., Ohio, on January 5th, 1872, Robert Hamilton, M. D., in the 69th year of his age.

Johnson.—In New York city, on the 4th inst., suddenly, Woolsey, infant son of Catharine R. and Dr. Woolsey Johnson, aged 3 months.

Lee.—At his residence in Peekskill, N. Y., February 14, 1872, Charles A. Lee, M. D., in the 72d year of his age.

Leonard.—At his residence in Lansingburg, N. Y., February 9th, after an illness of a few hours, F. B. Leonard M. D., in the 68th year of his age.

McIlwain.—In this city, on the 16th inst., of dropsy of the heart, R. Emmett McIlwain, M. D., son of J. K. McIlwain, aged 24 years and 8 months.

Spear.—In Westfield, N. J., February 9th, in the 79th year of his age, Henry F. Spear, M. D.

Swift.—Suddenly, at Nyack, N. Y., Dr. George B. Swift, in the 66th year of his age.

Underwood.—At Wapakoneta, O., January, 29th, Dr. John W. Underwood, in his 48th year.

Waddington.—Suddenly, on the 8th inst., at Salem, N. J., Lizzie W., wife of Dr. B. A. Waddington, in the 28th year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 783.] PHILADELPHIA, MARCH 2, 1872. [Vol. XXVI.—No. 9.

Original Department.

Communications.

SMALL-POX—HISTORY AND STATISTICS OF THE EPIDEMIC IN RICHLAND CO.—PATHOLOGY OF THE DISEASE—PROTECTIVE INFLUENCE OF VACCINATION—PRINCIPLES AND MODES OF TREATMENT.

By O. A. Battson, M. D.,
Of Claremont, Ills.

So much has already been written on the nature and treatment of small-pox, that, perhaps, nothing new can be offered here; the only purpose of the writer being to present a brief resume of what is now known of this, the most loathsome, if not the most fatal, of all human maladies. For some time past many of the great cities, towns, villages, and even country districts in different parts of the United States, have suffered from the ravages of this fearful pestilence, the disease in many instances assuming the form of an epidemic, or rather, taking on that character from some specific atmospheric condition, always so favorable to the wide diffusion and more rapid spread of contagion.

It has fallen to the lot of the writer to have witnessed as many as four of its visitations, at different periods, during the last twenty-five years. That prevailing here now, the most extensive of any, began about the middle of December. The sources of contagion were two. A young man from Chicago, on a visit to his friends, infected two German families, living about three miles in the country, the one consisting of six, and the other of eight persons, all taking the disease about the same time. Unfortunately, the care of these cases fell into the hands of an ignorant pretender, who pronounced the disease *chicken-pox*. From this man's consummate ignorance it is estimated that largely over one hundred persons were unwittingly exposed to the small-pox contagion. The mother of one of the families dying, alarm and suspicion were now awakened, and a messenger was dispatched to this office. For reasons temporarily existing, it was arranged that Dr. Lowry, in the office with me, should take charge of the cases. The second source of contagion was afforded by a Swiss girl, who infected a child in the streets of Olney, the county town; and going three miles in the country infected a German family of several persons, where she died. A Swiss family, from whom I have this history, attended her funeral, and four of the six subsequently took small-pox, a child one year old dying with it. The child in Olney also infected the mother, who now has the disease. The Board of Health of that city has taken the matter in hands, but so far have been unable to arrest the contagion. Several members of a family just outside the city now have the disease, and the neighborhood being thickly peopled, it is feared the contagion will with difficulty be arrested.

Dr. Lowry has reported to the Board of Health, for Claremont township, thirty-five cases under treatment. He has tabulated all his cases as varioloid; six confluent, fifteen semi-confluent, and fourteen distinct; two fatal, one fifty-four and the other sixty-four years of age. He reports to me that from one to five of several families had the disease at the same time. People were much alarmed, and competent nurses were hard to find. The two fatal cases had no regular nurse, and this, no doubt, helped on the the result. Both became delirious. Burglars chased one out of

doors; and the other was found outside, putting props against the house to prevent its falling. Both were taken back to bed, but soon died. Twelve days from his first visit, I was called to see Dr. LOWRY himself. Fearing that he might carry the contagion to his wife and child, he remained most of his time in the infected neighborhood. Leaving the boy, then a week old, in the care of his mother, she now consented to let me off. I found the doctor in the same room with one of his patients, four others being in the rooms below. With the help of an attentive and experienced nurse, I treated him through as grave confluent variola as I remember to have ever seen. It is worth while to mention the doctor's case, for he had repeatedly tested his insusceptibility to the vaccine disease in his childhood, and while in the army. During his attendance on the disease, I inserted, as he occasionally came to the office, six separate parcels of fresh vaccine crust in his arm, but without perceptible effect. During the decline of the variolous eruption, it was now noticed that the vaccine vesicles also, had matured and begun their regular decline. Some hidden influence evidently awoke the dormant vaccine disease, about the time the variolous eruption made its appearance.

During this epidemic I have seen and treated seventeen new cases; fourteen varioloid, two confluent, three semi-confluent, and nine distinct. Three had variola, two confluent, and one distinct. Fatal, one infantile-confluent variola, the child dying of suffocation, on the fifth day of eruption. An opportunity was now presented, by the Swiss family before mentioned, of noting the time, as well as degree of protection afforded by previous vaccination. After the child above mentioned died, the mother, twenty-five years vaccinated, escaped the disease entirely. The father, forty years vaccinated, as also a boy, eight years vaccinated, had a very scattering eruption, neither of them going to bed. A young girl, five years vaccinated, took the disease more gravely and was confined to bed three or four days. A boy fifteen years old, and fourteen years vaccinated, escaped altogether. Two children of another family, one with distinct variola, the other varioloid, had convulsions, but recovered. Three grown persons had mild secondary fever. The total number of cases seen from this office was fifty-two. Variola three, and one fatal. Varioloid forty-nine, and two fatal. Several other cases among Germans here have had no medical attendance. One of these, a small child, died last night. With the cases outside of this township, the probable total will likely reach seventy, in this county, up to this date.

February 14.—The epidemic is rapidly on the decline in this locality; have seen no new cases for several weeks past. During my attendance on the disease, as always before, I have daily associated with my family; but of course with proper precautions, thorough ablutions and complete change of clothing in the office before entering the house. I have also constantly attended to my usual routine practice, outside the infected district. I have lately, and during the epidemic, attended several obstetrical cases. I have never communicated small-pox to a mother or her babe, nor to any other person. As to my own protection, that is secured from vaccination in early childhood, having now two as perfect cicatrices as ever seen. Always, just before visiting small-pox patients, I revaccinate myself, and almost daily thereafter insert fresh vaccine material in the arm. I have done so this time, but as always before, with no appreciable results. I may mention also that I have several pits from chicken-pox scattered over my person, which I have thought might afford some protection, both from their permanency, and analogy to variolous pits, both being produced by specific suppurative inflammation. But this thought may pass for what it is worth.

Before this paper is closed I ask leave to offer a few thoughts in reference to the cause and pathology of variolous fever. Most of the class-books, I think, dismiss these topics rather summarily for the advance of the student. Of the intimate nature of the virus or contagion by which small-pox is engendered, nothing is, or perhaps ever will be, definitely known. The matter inclosed in a variolous pustule differs in no appreciable qualities from the pus of chancre or syphilitic bubo; and all we know about it is, that emanations arising from it are received into the circulation through the medium of the air respired; and that after mingling for a while with the blood, it produces certain specific effects. Whether it be fluid or gaseous, or even animalcular and

vitalized, has never yet been determined by the most delicate chemical tests, or by the aid of the most powerful microscope.

The term zymosis, as applied to the contagious eruptive fevers, is nothing more than an elegant expansion of the first crude notions of the humoral pathologists. We never could exactly grasp the idea of fermentation among the living constituents of the human blood. But granting, for the sake of argument, that such fermentative action may take place among the inorganic elements of the blood, then such process, it appears to us, must necessarily destroy the vitality of its fibrine and delicate corpuscles, that mainly constitute it a living fluid. Besides this, no such fermentation among these transient and changeable constituents of the blood, possessing as they do no degree of vitality, would be sufficient forever to impress, and by impressing forever, to protect the human body from a second or an indefinite number of attacks of contagious disease.

Some other explanation, then, some other theory must be wrought out, by which to account for this immunity from the repeated assaults of variolous contagion.

The specific virus or poison by which small-pox is induced, not only during the stage of incubation, but throughout the whole course of the eruptive fever, is intimately mingling with and specifically impressing the vital elements of the blood, and because vital, permanently and forever, its organisable fibrine —convertible albumen—and cellular corpuscles, thus diffusing itself through and completely saturating the whole current of the circulation. It is easy to see now, with the vital elements of the blood thus specifically and permanently impressed, that the resulting organism, in its molecular structure, and as a whole, must be also specifically and permanently impressed; and the body, as a consequence, forever thereafter rendered insensible to a second impression of variolous contagion. The only possible explanation of recurring attacks of small-pox must be found in the fact, that, the specific impressions of the virus, or the consequent molecular changes of structure, have not been so perfect or complete as to guarantee that immunity which is the almost universal law of contagion. That a second attack of small-pox, once in a great while, does occur, cannot be disputed. I have seen one such instance myself. The disease occurred in early childhood, and, with the cicatrices still perfectly distinct, again at the age of fifty-four. The first seizure was of the distinct kind; the recurrent, closely confluent. And this, I suppose, must always be the case, that the recurrent attack must be grave or slight, according as the first may have been severe or trifling. But further as to the pathology of the disease.

It is a special law of all contagious eruptive fevers, that the specific virus or contagion by which each is engendered has an elective affinity for, and a determinate tendency to, elimination through some particular structure of the skin. Thus, the contagion of scarlatina is eliminated from the blood through the flattened and compressed cuticular cells of the superficial skin, the disease, as a consequence, always ending in desquamation of the cuticle. The contagion of small-pox, observing the same law, makes its exit from the blood through the minute glandular appendages of the true skin, and as a consequence the disease always terminates in pustulation. It is true also of variolous pathology, that the specific poison with which the blood is charged, sometimes manifests, perhaps from being in excess, a decided tendency to seize upon certain ductless glands, which, being provided with no excretory channels for the escape of the virus, become infiltrated with purulent matter, or broken down by softening. The spleen is thus often found in fatal cases of small-pox, in a greater or less advanced degree of softening. The liver and kidneys, on the contrary, provided as they are with large and sufficient ducts, and specially appointed for the depuration of the blood, in health and disease, are seldom affected in any kind of fever with serious structural alterations. We have occasionally seen the absorbent glands of the scalp and neck affected with abscess requiring the use of the lancet. The child before mentioned, that died during this epidemic, had threatened inguinal abscess, which, had sufficient time been allowed, would doubtless have resulted in suppuration. The parotid also, I have sometimes seen is much swollen, and sensible to the touch. Axillary and other abscesses have been known to occur in the graver and confluent forms of the disease. Thus it appears, from what has here been advanced, that the virus

or contagion of small-pox, in addition to its normal mode of elimination from the blood, is sometimes expelled through the vicarious substitution of other glandular structures.

It will be remembered of the 52 cases reported in this paper, that 49 of them had been previously vaccinated, and took the disease in its modified form. It was stated also, as was supposed, that over one hundred persons had been exposed to the contagion during the epidemic. Deducting now the number of unprotected persons, as per statement above, the alarming result is shown that about 50 per cent, or one-half, of those vaccinated subsequently took small-pox. If the same result is exhibited wherever epidemic small-pox has prevailed in the United States during the winter now passing, then such statistics would undoubtedly show not the real, indeed, but the apparent security, or insecurity rather, afforded by previous vaccination.

Without advancing any reasons for the opinion now, the proper limits of a paper like this forbidding such a discussion, I cannot but regard the two diseases, cow-pox and small-pox, as radically distinct and separate affections; and that the complete saturation of the human body with the virus or contagion of the one, effectually and forever protects it from the morbid impressions of the other. No theoretical expositions, we know, however skillfully or ingeniously wrought, will ever be sufficient to prove this. Facts alone must be submitted for its truth.

The first experiment ever undertaken, and that was by JENNER himself, fully and triumphantly demonstrated this then doubtful proposition. Variolous matter was not long afterward inserted in the arm of the boy whom he had vaccinated; and although the variolous inoculation was carefully conducted, not the slightest effect was observed to follow. Two years later than this, a number of similar experiments were made, and all of them being equally successful with the first, the discovery of vaccine inoculation was now announced to the world. Nor is this hope of protection from the pestilence "that walketh in darkness," after the lapse of three-quarters of a century, yet lost to mankind. Every medical man, who has ever treated variolous fever, can attest the truth of the permanent protection of numbers of his acquaintances. Many physicians confidently go forth, protected by this invulnerable shield, to grapple with the pestilence, and smooth down this pillow of human suffering. "How great then," as a writer has eloquently expressed it, "how unrequitable are the obligations of mankind to the individual who first drew the secret from the dark recess of rural tradition, and rendered it available to the whole human race."

There are exceptions we know, as in the days of JENNER, constituting a small per cent. of persons liable to take small-pox after having been successfully vaccinated. But it should also be remembered that failures occur in those who have been successfully variolated. I know an elderly lady in this town who was successfully inoculated in childhood with variolous matter. During this epidemic she was vaccinated under my own supervision, and I know from observation that the vaccine vesicle became well matured, only that the scale was smaller than usual. Had this lady been exposed without vaccination no one can doubt that she would have taken small-pox. Doubtless a considerable number of similar cases might be collected.

The truth then would seem to be, even when the purest and most active vaccine virus is employed, that it is exceedingly difficult to completely saturate the blood by the method of inoculation, or inserting the matter in the arm. The only means of knowing that complete saturation of the system has been obtained, is to test it by a second insertion—this should never be neglected. Many physicians even are in the habit of making but a single puncture. Such a method is obviously improper, and affords the greatest chances of failure. The skin, it should be remembered, is differently endowed in different persons with the power of absoption. I have been in the habit during this epidemic of doubly and thrice vaccinating—inserting as many different parcels of the virus; or, if using but one, of making several punctures. This certainly affords a much better chance of success by increasing the number of absorbing points.

The most fruitful source of failure and disappointment, however, is to be found among the people themselves. After the order of compulsory vaccination by the Board of Health in this township, I had the opportunity of giving some attention to this subject. Great numbers coming into the office presented abnormal cicatrices, many of them not at all depressed or indented, but elevated rather, and smooth as glass, with ragged edges, or

having an oblong figure. Others would be of the regular size, and even depressed, but without the characteristic punctated points. On inquiry I learned that most of these had either vaccinated themselves, or had been vaccinated by other incompetent or unprofessional persons. Such persons, of course, are unable to distinguish a vaccine from other vesicles or sores, and the consequence is that the supposed vaccination affords no kind of protection; or even, as I have seen, engrafts other diseases. Such a practice, of course, can only be prevented by legal measures. State vaccine establishments, as in most countries of Europe, would better secure the protection of the people.

There can be no such thing, as common parlance has it, as vaccination ever running out. It is certainly as philosophical to speak of different degrees of inoculation or artificial cow-pox, as to contend there are different degrees of casual infection. In proportion to the quantity of virus absorbed, and carried into the circulation, in that proportion exactly will be the measure of protection afforded. If a sufficiency of the virus has been so absorbed, that is, sufficient for the full saturation of the system, the body will certainly thereafter become forever protected from the invasion of small-pox.

TREATMENT.

We come now, briefly to refer to the principles on which the treatment of small-pox is to be conducted. In this, as in all other diseases, we must take our lessons from nature herself, carefully observing the method she adopts. Do we possess any means by which to assist her in the elimination of the poison? We certainly do. The secretions, and above all that, of the kidneys, must be encouraged and steadily maintained. Much of the poison is thus carried out of the system. No medical man can for a moment doubt that the urine of a small-pox patient is infectious, or that this alone would be sufficient to communicate the disease, Nor can he possibly doubt that the prespiration, biliary secretions and alvine discharges are alike infectious. With a view, then, of assisting in carrying out the blood poison in this fever, we are constantly in the habit of prescribing:

℞.	Spts. nitric ether,	f.℥j.
	Tinct. scillæ,	f.℥ss.
	Tinct. digitalis,	f.℥ss.,

of which a teaspoonful is given every three hours in demulcent drink—melon seed tea. This allays febrile excitement, and always increases the quantity of urine, thus carrying off a portion of the poison with which the blood is charged. I almost invariably give a Dover's powder at night. It acts like a charm. Nothing we can do for the patient is like securing him a good night's rest. The bowels are to be opened, not purged. Every other day is amply sufficient. This simple plan of medication, with free ventilation, plenty of fresh air in the apartment, and pleasantly acidulated drinks, is about all that is required in ordinary cases. Sometimes, however, the treatment must be varied. We always control delirium by adding sulphate of morphine to the Dover's powder. This dose repeated at proper intervals will nearly always subdue the morbid excitement. In this case the chamber is always to be darkened, and the lamps turned down at night, with no noise to disturb the patient. In case fever runs high we often use the verat. viride, and give acetate of ammonia. If the head symptoms are severe, and the brain threatened with inflammation, we resort to the aconite, and apply cloths wetted with cold water, or in bladders if we can get them. If the throat is complained of I use but one remedy, a gargle of chlorinated lime, and I have always found it answer the purpose. I have been obliged in a few instances to restrain diarrhea, commonly with opium and tannin. I have seen a few cases of fever remitting in their character; and quinine was employed.

During the prevalence of the epidemic here, I saw an article on the use of carbolic acid. Do we possess any remedies capable of neutralizing the poison while yet in the blood? I believe we do. What are disinfectants but neutralizers? We all use them freely in the chambers of the sick. In the epidemic here we have daily used chlorinated lime and carbolic acid about the chambers and bed clothing. I had been using the sulphite of soda internally with the view of neutralizing the blood poison, and as I believe with perceptible effect. I was pleased with the suggestion of the carbolic acid for the same purpose; but had no opportunity of using it internally, excepting in one case, and that rather late in the disease to derive appreciable benefit from the medicine. Of this much, however, I am satisfied, although several of the text-books

discard the idea, that we are provided with medicinal agents, capable of exercising a most decided influence both in the elimination and neutralization of the poison of variolous fever.

The ectrotic method, or abortive plan of treatment, has been highly spoken of by medical writers. BENNET, in particular, lays a good deal of stress upon it. I have always been in the habit of using olive oil and chlorinated lime in cases that seemed to require it. Of course but a very small proportion of the chloride can be used in the application. The nurse that waited on Dr. LOWRY was treated with it in the army, and scarcely a mark can now be discerned. I am satisfied from what little I have seen of this plan that it immediately moderates the fever, lessens greatly the chances of scarring, beside having the effect of carrying off by so much the poison through the urinary and other secretions. As to vaccination during the course of the eruptive fever of small-pox, as recommended by BENNET in his lectures, I have no kind of faith in it; for the two diseases being separate and distinct, exert no modifying influence over each other, even when seen progressing together.

Feb. 15, 1872.

DOUBLE PNEUMONIA.

By JNO. R. TAYLOR, M. D.,
Of Keese, Texas.

Was summoned, Jan. 13, 1872, to see Miss C., æt. eighteen; good constitution. On the eve of 12th had chill, and fever had continued unabated to time of my arrival, 10 A. M. Symptoms indicated bilious fever; right lung not more involved than might be attributable to hepatitis. At my next visit, however, on 14th, found lower lobe of right lung engorged pulse, 130; respiration, 40; temperature, 103. Cathartic ordered at first visit had opened bowels, but quinia had had no effect upon fever. Tongue still coated. Ordered quinia grs. ii. every three hours, and pulv. doveri to keep patient perfectly quiet. Turpentine stupes and poultices over affected lung. A little wine with egg-nog every two or three hours, and nourishment. Treatment little changed up to 18th, at 11 A. M., when disease was resolving and patient doing well every way. About 7 P. M. of this day I was summoned in haste. On my arrival found patient collapsed—pulse small and wiry; "*eyes set*," and "*death rattles*" in throat. Patient could be only momentarily aroused, and answered questions incoherently. I found lower lobe of *left* lung completely engorged. I remained by my patient all night and administered, every hour, decided doses of brandy and quinia, knowing that a few hours would decide the fate of my patient. There was but little change up to 3 o'clock A. M., when, feeling exhausted, I lay before the fire to catch a nap. Imagine my joyful surprise when, on waking about an hour after, the semi coma was gone—every symptom better. January 19th, 8 A. M., pulse, 130; respirations, 35; and temperature fallen from 105 to 104. Patient, however, was only using upper lobes of both lungs. Under tonic and stimulating treatment, with good nourishment, also pulv. doveri to regulate cough and ease pain, patient made a good recovery. I used blisters also in second stage. I usually order a saline instead of com. cath. pill. I believe this, *the* treatment in bad cases of pneumonia.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

Impotency.

Here is a young man, 26 years of age, who is suffering from the result of an early acquired vice—masturbation—a vice which is so degrading in its tendency and injurious in its results that you, as physicians, should ever be ready to raise your voices, calmly and determinedly, against its practice. Its prevention should be your care; its remedy, your study. It is a subject, however, which you must meet wisely, for when a man comes to you with involuntary seminal emissions, it is not then your time so decry the evil. His mind is already diseased (for it is a well known fact that any disorder about the genital organs is the subject of much solicitude, even though it be perfectly innocent, as variococele or hydrocele), and it should consequently be your desire to allay his fears and calm his perturbation, since it is often, indeed, that they are perfectly groundless. It is this highly sensitive imagination which renders this class of patients such easy dupes to charlatans, who foster his fears and thereby extort large sums of money.

If his emissions are but few, you can, with truth, assure him that he need not be alarmed,

for every healthy celibate man has an occasional emission, in fact, there are instances when vigorous men have had two per week for years without any impairment of health. As a rule, however, they should not occur often, and when frequent should be considered with care.

The first effect of masturbation is to produce an irritable condition of the genital organs themselves, with emissions upon slight excitement; then follows indigestion, palpitation, restlessness, sleeplessness, dizziness or even partial amaurosis, possibly paralysis, especially paraplegia, and finally the entire disposition is changed so that the man becomes morose, sullen, distrustful, and desirous of solitude. When he comes to your office he will not look you in the eye, but seems anxious to avoid questions. His mind is constantly fixed upon his unhappy condition, and he is in truth a monomaniac. This is the reason why your treatment should be so greatly directed to the mental condition, in fact, a simple moral control upon your part, with positive and calm reassurance will often be half the cure.

As a result of the irritable condition of the ejaculatory ducts, there is frequently a viscid discharge from the urethra, which is an alarming symptom to the patient, and renders him still more miserable. This, however, is rarely semen, but is a product of the irritation of the prostate—a form of prostatorrhea. This can be easily diagnosed by the microscope from spermatorrhea by the absence of the characteristic spermatozoids. The great weakness and nervous debility are not a result of the direct loss of semen, but of the nerve force.

The treatment, as I have said, must be largely moral; any evil habit, whether it be onanism or excessive venery, must be totally abandoned, and the mind directed away from lasciviousness. The organs are overworked and jaded, and need rest; regular, interesting and varied occupation should be enjoined, for the man must not consider that he is an invalid. Traveling, sea-bathing, and good company will be of great service. The diet should be nutritious but not rich; the supper consisting largely of milk or oysters, with nothing subsequently before retiring. The bladder should be kept well emptied, and any constipation or other irritation removed of the rectum, as hemorrhoids, carefully removed. The patient should sleep upon his side on a hard mattress, with light covering, having previously employed a cold douche to the spine, followed by vigorous friction. Electricity applied along the course of the genito crural nerves will also be of much benefit in giving tone and strength to the wasted organs.

Internally I know of no better treatment than phosphorus and strychnia—1-50 of a grain of the former, and 1-30 of the latter—made into a pill, and administered three times daily.

Under this treatment we may hope in this case for a speedy improvement, although he has now been impotent for five months; provided he has moral force enough to let the organs rest.

The use of tinct. cantharid. I consider inadvisable, for it acts but as a spur to a jaded horse. Cauterization of the orifice of the ejaculatory ducts I believe to be but seldom necessary, unless there is great irritability and tenderness at that portion of the urethra.

In regard to the advisability of marriage under circumstances like these, I can only say that the progress of the case must be your guide in giving advice. Fortunately there are many cases that admit of improvement under the influence of matrimony, provided moderation be enjoined and the feelings of love engendered. Even though the act be not consummated at first, a little patience and abstinence combined with good treatment and the encouragement of the surgeon, may at last render its consummation perfect.

Gonorrhea.

The next patient is a young man, who has also indulged his sexual appetite, but in a different way, and, like all wrong-doers, he is now suffering the evil consequences of his folly. He has, as you see, a profuse discharge from his urethra, bathing the entire glans, which is itself swollen and red. He has gonorrhea, a form of urethritis usually denominated specific; but the sooner you divest your mind of this specificity the sooner you will cure your patients, for this muco-purulent discharge is a true product of inflammation.

Gonorrhea, then, in the male, is a urethritis, having a exciting cause. That this cause is always the reception of a specific matter from the genital organs of another person, is certainly a matter of some doubt. Of course the most common cause is the direct connection of man with woman, one of whom is suffering from this disease, but that this is not always true is proven by numerous instances where no suspicion of impurity could be entertained. For instance, a perfectly pure married lady may be suffering from profuse purulent uterine or vaginal catarrh, due to disease of those organs. Her husband, after cohabiting with her, may be seized with the same stinging, burning sensation which characterizes the beginning of an attack of true gonorrhea, and in a few days will be the subject of a profuse discharge from his urethra, which will closely if not exactly resemble gonnorrheal matter; yet it was not gonorrheal matter which produced it, but simply ordinary pus. Again, a man may cohabit with a woman about the time of the cessation of her catamenial flow, and in a few days he also may have a discharge which will very closely resemble a true gonorrhea, and yet it was not the fault of the woman. You see, then, at once, how important is this fact in a medico-legal point of view, and before

we go further let me here say that these are often exceedingly delicate cases requiring much tact and judgment upon your part.

You are called to see a man who says that he has something wrong with his penis. You examine him and pronounce it gonorrhea. He, supposing that it can only arise from a like disease in another, and knowing that his only congress has been with his wife, accuses her of infidelity. Do you not see what a disturbance you have created? Again, you are called to see a lady, and discover a profuse vaginal discharge. It may be, of course, that her husband is so degraded as to have sought other society, and thus have carried the disease to her; but this is not necessarily so, and you must be on your guard. She may have vaginitis simply, but even if you are assured by its greenish tinge and general characteristics, do not bluntly inform her, and thus cause trouble, rather conceal the matter entirely; go on and treat her skillfully, saying nothing, except to pacify her. Direct your attention to the husband also, and, having cured him, endeavor to show him the vileness of his course. These are practical points, gentlemen; precisely such as you will meet in private practice, and you must learn to be cautious and reticent.

There are some authors who deny that these non-specific attacks are the same as the genuine, but it is frequently impossible to detect the difference even with a microscope, and some of them are fully as severe as are those contracted in the ordinary manner, yet differ in this respect, that they are curable without treatment. Of this, RICORD, the French surgeon, to whom we owe so much in regard to our knowledge of venereal disorders, says: "Gonorrhea often arises from intercourse with women who themselves have not the disease," and he is certainly one who would not have arrived at this conclusion without a full understanding of all the sources of error and of deceit to be considered. Beside the causes I have given above, *i. e.*, uterine catarrh and menses, he mentions fatigue, errors of diet, excessive sexual congress, and the use of beer or even of the vegetable asparagus, and he sums up by saying that it may arise from the same causes which set up inflammation in any mucous membrane.

Gonorrhea most frequently commences in the fossa navicularis as an inflammation of the superficial mucous membrane, affecting the orifices of the follicles which are there so numerously inserted. This spreads backward until it invades the whole track, and in extreme cases even the lining membrane of the bladder and testicles. In the female it invades the vagina first, then clitoris, urethra, etc.

This man states that he has had this difficulty for two weeks, and that it came on a fortnight after the impure congress, but this statement is probably unreliable, for the incubative stage is rarely longer than five days, and may be but one. The first sensation experienced is an itching or tingling, followed by a discharge which soon becomes profuse, milky, and finally greenish, from intermixed hematin. The scalding of the urine, and pain along the urethra soon become intense, and micturition is performed with difficulty.

It is but seldom that you will see a patient in time to attempt the "abortive" treatment, for if it is past even a *few hours*, the attempt will be futile or perhaps injurious. In this matter you must be cautious about receiving the word of the patient, for a slight discharge may have existed for several days without detection.

The abortive plan is only to be attempted *before* the acute or inflammatory stage comes on. The injection may be made of the strength of argent. nitr. gr. x. to the ounce of water, and should be applied once only, and by the surgeon himself, so that it may be carried merely to the affected portion. This will produce a free flow at first, but will sometimes insure a speedy cure.

In the majority of cases, however, the disease will have existed for several days before coming under your care, in which case all such treatment is to be totally abandoned, since it is often productive of serious result.

Now the disease is to be treated mildly, but as a local inflammation solely, giving the patient to understand that three weeks will be necessary to complete the cure.

First wash out the urethra thoroughly with an injection of several ounces of hot water, and then throw in, for two days, ordinary mucilage or green tea, three times in the twenty-four hours. At the end of this time commence with astringent washes, which may be made of any of the salts; I prefer zinc. sulph. Having previously washed the urethra, you should commence with gr. j. to f.ʒj. of water, and on the third day increase to gr. ij, and so on until about gr. viij. are reached. Urethras will differ greatly in sensibility, but you must be guided by the patient; it should merely tingle, not giving actual pain.

With low diet, rest, and total abstinence from all kinds of spiritous or malt liquors, a speedy improvement may be expected, but the injection should not be stopped for two weeks after all discharge has ceased.

I do not insist upon internal treatment, although it may be of service in rendering the urine more alkaline, and consequently less irritating. Any of the alkalines may be given —potass., acet., or nitrat. or sod. bicarb, etc. A useful combination is

℞.	Sod. bicarb.	ʒiss.,	
	Spts. aeth. nitr.,	fʒss.,	
	Ant. et. potass. tart.,	gr. ¼.	M.

Sig.—To be put in a pint of flaxseed tea. The whole to be taken in twenty-four hours.

When the urine is rendered decidedly alkaline, as determined by test paper, this may be suspended for a day or two, while other medicines are employed.

The use of copaiba and cubebs is very gen-

eral, but as I have said, this disease is local, and they can only do good either by altering the character of the urine or by acting upon the mucous membrane itself. That they are changed by the chemistry of the kidneys is evident from the fact that the same substances injected locally have no beneficial effect whatever.

Copaiba should be given in capsules, cubebs usually in powder. They may be given on alternate days for ninety-six hours, when the alkaline drink should be resumed.

When there is much tenderness or soreness

R. Bismuth. subnitrat.,	℈j.	
Ext. opi.,	gr.ij.	
Glycerine,	f℥iij.	
Aquæ rosæ,	f.℥v.	M.

Ft.—Mist.

may be used with much benefit as an injection. Upon the under surface of this man's urethra I discover an indurated mass, which is evidently effused lymph. This gives rise to the symptom from which he suffers, namely: chordee, since its inflexible nature will not admit of the expansion of the corpus spongiosum, during an erection, to as great an extent as the corpora cavernosa, consequently the extremity must be incurved.

This troublesome complication is best treated by suppositories of camphor and lupulin, or by anodyne injections. The testicles should always be well suspended, and exercise forbidden.

A chronic state, gleet, is an exceedingly troublesome difficulty, but if well treated, cases should rarely run into it.

Editorial Department.

Periscope.

Treatment of Small-Pox.

At a meeting in November of the College of Physicians of Ireland Dr. Stokes said that since 1848 the type of small-pox in Ireland had been always of a low and typhoid type. In the sthenic type vascularity of the skin was much more fully developed than in the asthenic form, and therefore pitting was much more frequent than after the type of the disease had altered. He remarked that this condition arose more or less from the impossibility of keeping the skin of the face and hands as moist as the parts covered by the bed-clothes. He alluded, while on this part of the subject, to the case of a young lady in whom, for the purpose of saving the eyes, he had applied poultices over the orbits, and, as a result, the whole of the part covered by the poultices was perfectly free from pitting, while the rest of the skin was deeply seamed. Since then he had uniformly employed the system of covering the face with poultices, and with the very best results.

Mr. Stokes proceeded to quote the case of a patient in whom, as the prominent symptom was headache, he had applied a large number of leeches to the temples, and the result was, that while the pustulation was largely developed on the body, the face and head escaped almost wholly. He considered from this and other experiences that depletive treatment of local skin affection would be of the greatest advantage. Dr. Graves narrated a case in which a man, who had been laid up in hospital for disease at the knee-joint, which necessitated mercurial strapping, had been attacked with small-pox, which profusely covered the whole body, but did not touch the knee at all. These facts led us to the treatment of the warm bath practiced by Hebra, in which the conditions of exclusion of air, and the securing of constant moisture are secured. Dr. Stokes described at length the case of a patient whose condition from confluence of the pustules was, in the words of Dr. Stokes, that of "one ulcerous sore," and who suffered from terrible delirium in consequence of the pain he suffered from contact of the pustules with the bed-clothes. As a last resource the warm bath was tried, and the effect of it was "miraculous;" almost in an instant the pain and delirium ceased, and from that time forward his recovery was constant and unchecked. Dr. Stokes spoke in the most eulogistic terms of the bath treatment, which he could say was productive of no danger, whatever, and enabled the necessary stimulant treatment to be carried on without intermission.

Leucocythemia.

The following article, read before the Indianapolis Academy of Medicine, by I. C. Walker, M. D., Indianapolis, published in the *Indiana Journal of Medicine*, will illustrate a case recently published in the Reporter:

I have concluded to report to this meeting a case of unusual interest, and rare in kind, that occurred in my practice about six years ago. The patient was an honored member of our own profession; well developed, both mentally and physically, without hereditary taint or dyscrasia of any kind whatever. The first indication of disease was enlargement of an axillary gland, with pain and symptoms of approaching suppuration, accompanied with general lassitude and indisposition to the performance of physical labor. After the

above enumerated symptoms had continued for a period of four weeks, the lymphatic glandular system began to put on symptoms of general disease. The inguinal, mesenteric, lumbar, cervical, thyroid—in short, the whole lymphatic system of glands took on a rapid form of hypertrophy, varying in their hypertrophied state from the size of a pea to that of a hen's egg. I could scarcely place my hand on the body without touching an enlarged lymphatic gland, so numerous were they. After this condition of the glandular system had existed for four months, with restless nights, general pain, especially along the course of the sciatic nerves, loss of appetite, imperfect digestion, and constipation, it was noticed that the hearing was becoming very imperfect, and, in addition, that the left eyeball was in a state of extreme engorgement, and being pushed forward evidently by a force from behind. It was very soon apparent that dimness of vision was taking place in the protruding eye. The hearing grew more and more imperfect, and was finally wholly lost at four and a half months after the first glandular enlargement was noticed. Very soon thereafter total blindness ensued.

The left eye continued full and protruding so long as life lasted. The right eye took on a condition directly opposite to that of the left—one of atrophy. Without being preceded by congestion, pain, or inflammation, the eye began to diminish in size and was seen to grow less and less until it was completely disorganized. The aqueous and vitreous humors were either absorbed or discharged. The case had by this time become one of extreme interest to the medical profession of our locality, as well as too distressing to behold. With the loss of the sense of both sight and hearing, I could say with a fair show of truth, the intellectual faculties appeared more acute. There was a manifest unwillingness to talk ever after the loss of the sense of hearing. He never appeared satisfied that he had said what he wanted to say. He very soon adopted the plan of reducing every thought he desired to make public to writing, and with remarkable correctness and rapidity wrote long and carefully worded letters for each of his children, to be preserved and handed to them when they arrived at an understanding age. In all of which he exhibited fully as much research and depth of thought as when he enjoyed perfect health. His intellect was without a cloud until one moment before the close of life. He made a request of me, a few days before his death that he desired me to watch his failing circulation and indicate, by a sign designated by himself, when he became pulseless; that he wanted to know when that moment was at hand. When the time arrived it was made known to him by the sign previously designated. I thought he understood me. Dating from the loss of hearing and sight, the physical decline was very rapid, and death closed the scene at the end of the sixth month. Thus ended a most remarkable case. Of all the medical men who visited him none had seen a malady that strikingly resembled his.

Prof. N. S. Davis, of Chicago, was called. Many features of the case were as new to him as to us. He did not give the disease a positive name; thought we had malignant disease of the glandular system with which to deal, and that the arseniate of soda was the remedy. It was used until the case was so far advanced that it was apparent to all that it must result fatally.

Before Dr. Davis was called we had named the affection "leucocythemia." Dr. Davis thought the malady not unlike it, yet he did not approve our name. As time passes I am more and more convinced that the disease was properly named It was leucocythemia of Bennett, and leukaemia of Virchow.

Irregular Discharge of Liquor Amnii.

Dr. G. C. Buks, of Battle Ground, Indiana, reports in the *Indiana Journal of Medicine* the following case:

August, 19th, 1871, I was called to see Mrs. T., the mother of four children, a lady of firm constitution, whose general health is good. I found her in the fifth month of utero gestation. She informed me that she felt quite well, and was suffering no pain, though her "waters had broken" a short time previously, and that she had lost a considerable quantity. In the absence of an examination, I suspected that the escaping fluid was from the walls of the vagina. but a careful investigation led me to a very different conclusion.

On making an examination per vaginam, I found the cervix uteri soft and flexile, and the os sufficiently dilated to admit the point of the index finger without the least resistance, which I inserted; and holding it in position a few moments, arrested the aqueous flow—the withdrawal of which was followed by a gush of water.

This experiment convinced me that the fluid was not from the walls of the vagina, but that it was a clearly marked case of amniœlepsis. Her mind being somewhat agitated, fearing the supervention of an abortion, I deemed it proper to administer an anodyne. This secured to her a comfortable night's rest. Saw her again the next day, and found the liquor amnii—for such I now felt assured it was—passing away freely, and at intervals copiously. Having no hope of arresting the aqueous flow by medication, I enjoined rest, with an anodyne at bed time—the bowels being kept free with aperients. Saw her again the next day, and found she had lost a considerable quantity of water during the night, which had made a sensible impression upon the abdominal tumor, rendering the muscles of the parts soft and compressible.

As she felt quite well, and suffered no pain, and as I thought it not improbable that a sit-

ting posture would bring the fetus in utero in closer proximity with the cervix, and thus answer as a plug, I permitted her to get out of bed. I was influenced in this conclusion by the large quantity of liquor amnii lost, and, therefore, leaving comparatively little behind to offer resistance to the gravitating of the fetus toward the depending aspect of the uterus, and was soon gratified to find my conjecture verified—there being but little lost afterward, excepting during the hours of sleep.

September 9th I was called again to see her, and found her suffering a somewbat copious uterine hemorrhage, which, by the use of proper remedies, I arrested. On the 10th the hemorrhage returned, and was again promptly arrested. On the night of the 11th there was a copious discharge of liquor amnii, which continued each night in greater or less quantity. On the 25th of October the hemorrhage returned, continuing at intervals for two days. It is proper to state that these hemorrhages, like the aqueous flow, were unattended with pain. On the subsidence of the hemorrhage, the water resumed its usual flow till the 3d of November, when she gave birth, prematurely, to a small and poorly nourished infant that could scarcely be said to possess life, and only made a few feeble efforts to breathe and then expired, though we used the proper means to rekindle the vital spark.

When the head of the child came within reach, there were no interposing membranes between the point of the finger and the scalp. This, and the almost entire absence of liquor amnii during labor, evinced clearly enough that the aqueous discharge was consequent upon the rupture of the investing membranes by some unknown cause. There was but little loss of blood during labor, and no after pains following. There was a discharge of the lochia following delivery, and continuing the usual length of time; but it was exclusively serous, and did not observe the usual change in color, nor did it exhale the characteristic odor. Her recovery was unattended by any event worthy of remark.

New Action of the Uterus.

Dr. F. Seymour inserts this case and remarks in the *Cincinnati Lancet and Observer:*

Mrs. Mary Jane McN——y, residing at Pleasant Ridge, Pendleton county, Kentucky; æt. 32; married at 17 years of age; has been suffering from amenorrhea from that time until she placed herself under my treatment. She states that she never menstruated since marriage, but at those periods (menstrual) she spat blood and had hemorrhage through the mouth. Had been under medical treatment for sixteen years, under the care of eight different medical men during that time, the majority of whom declared she was incurable. During the time of menstrual periods she suffered, to use her own expression, "death almost." Having previously attended her sister for uterine difficulty to a successful issue, she was prevailed upon to place herself under my care. Upon presenting herself, she appeared like a decrepit woman of fifty years of age, stooped in walking, pale, dejected, nervous and suffering; her general health almost broken down. Upon examination, found laterel version and anteflexion of uterus, with ulceration of os uteri with granular erosion, the neck congested, indurated, exquisitely painful. The least touch gave her infinite pain. Using chromic acid, nitrate of silver, and exsiccated sulp. zinc, with pessaries of soda carb., to neutralize the action, and putting her under

℞. Acid. hydrocyanic, gttæ., vj.
Tinct. cichonæ, comp., ℥j.
Tinct. opii., ℥ss. M.

S.—Coch. parv. i., ter in die sumendum, cum

℞. Zinci valerianat
Quiniæ valerianat, aa gr. x.
Ft. massa in pil. xx. divid.

S.—Cap. pil. ij., ter in die altern.

Together with injections of warm water, and cotton steeped in glycerine (glycerole cotton, as it is called), introduced into the vagina and carefully placed around the cervix uteri. In a short time the ulceration and erosion had healed and the congested and indurated condition of the neck much improved, so much that I was able to try to introduce a uterine probe. Upon attempting to introduce the probe, I found an almost complete stricture of the os internum, through which I could not at first pass a silver uterine probe of the size of a No. 4 catheter. I succeeded, however, in dilating it, and by the aid, first, of sponge and sea-tangle tents I succeeded in dilating the cervix, and introducing the hysterotome divided slightly the os internum; after the division, continuing the sea-tangle tent. Her health began to improve, and during the treatment the period of her menstrual flow intervened. To her surprise and gratification, it passed over without any suffering whatever, and a colored fluid (slightly bloody) passed per uterus and vagina. During the three days the treatment was discontinued. As soon as the period was passed, I determined to introduce a galvanic intra-uterine pessary, which I obtained from Mr. Autenreith, and repairing to her house tried to introduce it. I succeeded in introducing it about half an inch, and let her recline on her side, with the intention of pressing it further in. To my astonishment, upon examination to ascertain if it was in situ, and to press it up further, I found a peculiar movement of the uterus (vermicular is the best word I can use to describe the peculiar motion), and that the uterus was by its own action drawing up the pessary into itself. Astonished and perplexed, I laid the end of my fore-finger upon the lower part of the cervix uteri, and distinctly felt the shield of the pessary scrape along its palmar aspect, until it not only drew in the entire pessary (2½ inches long), but the shield of the pessary

was drawn tight enough to flatten the os uteri by pressure. I asked the patient how she felt, what feelings she had; she said it felt like "pins and needles pricking her," and that "something appeared to be drawing." My apparent astonishment must have alarmed her, as she quickly inquired, in a frightened tone, "Doctor, what is the matter?" Of course, I at once quieted her by an assurance there was nothing. Since it has been introduced, she is much pleased, as it has already done her much good. I examined her to-day (20th), found the pessary still in situ perfectly as before, and so well did she appear and so completely established is her health, that I send her home to-morrow (21st), I think, perfectly cured. Has this solved the long disputed question of impregnation? Has the womb the action of drawing by suction the seminal fluid into its body? I think the seminal fluid is injected into the vagina into the posterior inferior cul-de-sac or curve of vagina, and that the uterus, at the moment of orgasm, while lying in the fluid, by its muscular apparatus suddenly contracts, forcing out the air and creating a vacum, and by expansion drawing the semen in by suction, as it drew in the pessary, while at the same time it ruptures the ovum in the uterus and lets its contents mingle with the zoosperms in the uterus.

Reviews and Book Notices.

BOOK NOTICES.

Physiology of the Soul and Instinct as distinguished from Materialism. With supplementary demonstrations of the Divine communication of the Narratives of the Creation and the Flood. By MARTYN PAINE, A. M., M. D., LL. D., etc. New York: Harper & Bros. 1872. 1 vol., 8 vo., cloth. Pp. 707.

The purpose of this work, as its title abundantly denotes, is to show from scientific evidence that a certain form of Christian belief is capable of demonstration. Sympathizing fully with those who maintain that the *principles* of true religion are never opposed to the discoveries of physical facts, we are, nevertheless, very far from believing that the grand truths of nature and the spirit of investigation can, or ought to be, narrowed by circumscribed sectarian predjudice and a spirit of dogmatism. And precisely this is what Dr. PAINE attempts in the work before us, and these are the errors into which he falls. By professed physicists, it will, if read at all, be derided; and those who, like ourselves, look anxiously for, and warmly welcome, the liberal and cultivated mind which sets forth the oneness of all truth, will lay down the book with disappointment. Unless every one accepts Dr. PAINE's own, particular dogmas of Soul, God, and Revelation, he is stigmatized as a materialist and infidel. To support these views, he arrays a vast number of authors, many obsolete and irrelevant (*e. g.*, BUCKLAND, BAKEWELL, Prof. SILLIMAN, Sr., MANTELL, and THOMSON are his principal geologists!), and with great confidence asserts that his arguments cannot be impugned. The frequent references to his own works, we may add, are in questionable taste, and neither the style nor the typographical display of the book is attractive. In fact, with every disposition to hail cordially the right work on this most important topic, we must say that that work, if it appears at all, must be conceived in a different spirit and carried out in a different manner from the one before us.

NOTES ON BOOKS.

——W. W. GATES & Co. have commenced with a great deal of apparent energy the publication, at Jackson, Tennessee, of *The American Farmers' Advocate*. It is published monthly at $1.00 a year, and an edition of 10,000 a month is guaranteed for a year. The number received gives promise of usefulness. We will do all we can to encourage such enterprises. We will give the *Farmers' Advocate* as a premium to any new subscriber who sends us a year's subscription ($5) to the REPORTER.

——Not less commendable for accuracy and completeness of statement is a republication from the *New York Medical Journal*, entitled: "Inaugural Address, Including a Paper on Infant Asylums, by A. JACOBI, M. D." Appleton & Co., New York. These pamphlets show an amount of preventable wholesale destruction of life before and shortly after birth which it is appalling to contemplate.

——In the California Legislature, recently, a bill was introduced requiring cities to bury "the indigent sick" at public expense.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 2, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

MEDICINE IN THE MIDDLE AGES.

Professor VON ZIEMSSEN, one of the editors the *Deutches Archiv für Klinische Medicin*, publishes in the September number of that journal a very interesting essay on "The School of Salerno and the Physicians of the Middle Ages."

So far as the celebrated product of the school is concerned, the famous *Regimen Sanitatis Salernitanum* is concerned, we are pleased to note that Professor ZIEMSSEN adds nothing to what we already know about that remarkable manual of hygiene, from the edition of our learned countryman, Professor ORDRONAUX.

He contributes much, however, to a just estimate of the character of the school, of its writings, the extent of its learning, and the standing of its graduates. The impression is much more favorable than that derived from ordinary sources, such as Mr. HALLAM'S works on the Middle Ages, and the standard histories of medicine.

The term "Doctor" was not applied to medical practitioners in the eleventh and twelfth centuries, but "Magister." The former term arose later and was at first confined exclusively to instructors in the art, equivalent to "Professor" nowadays.

What has some special interest just at present, is the fact that in the ancient schools we find women teaching and writing upon medical topics with freedom, and without creating any opposition. They were also writers on medical topics, and by no means inferior ones. Nor were their studies confined to the art of midwifery and the diseases of their own sex. On the contrary, they embraced the whole field of science, such as it then was, and we even find a learned work by the female teacher ABELLA, entitled "De Naturâ Seminis Humani," certainly transcending in the topic she chose the most advanced of her modern followers. Their works are in no wise inferior in practical utility and learning to those of the male physicians of the time, and Professor ZIESSEN thinks that they betray the peculiarities of the sex only in the greater love they show for receipts and specifics.

Of all the literary productions of the school, the most attractive to a modern reader is an anonymous treatise, "*De adventu medici ad ægrotum*," on professional visits to the sick. This is replete with sound sense, shrewd, worldly wisdom, excellent advice, and sly insight into human nature. We wish that Professor ORDRONAUX would increase the obligations already due him by medical scholars by an edition of this document, so important in medical history and so full of practical hints as applicable now as seven centuries ago. A free rendering of some of its advice will show its character.

"When you are called to a case," says the ancient author, "inquire of the messenger how the patient is suffering and how the attack seized him. This is well not only to enable you to prepare yourself to render prompt aid, but also to impress the patient favorably and gain his confidence by displaying unexpectedly an acquaintance with his case before he shall have informed you.

"On entering the sick room salute courteously the patient and those present, and at first make some remarks about the beauty of the locality, the convenience or elegance of the

house, or something complimentary about the family. Then turning to the patient ask how he finds himself. Be sure that the patient is resting quietly and is not excited when you feel his pulse; count at least to a hundred, as deliberation and delay in this matter impress the bystanders favorably.

"Having completed your examination, promise the patient with a cheerful and confident tone, that with the help of God you will restore him. When you leave the room, tell the family that he is quite ill, and the result is uncertain; then, if he recovers, your fame will be the greater, and if he dies, you can remind them that from the first you expressed doubts about the case.

"Let your conversation be amiable, your daily life upright, and place your confidence and faith in the divine aid as well as that of your art. If invited to table, do not at once take the best seat, though it is customary to assign that to the priest and the physician, but wait until it is pointed out to you. Do not neglect, while eating, to ask some questions about the patient, as that indicates that you are bearing his case in mind, and thinking upon it.

"You can allow the patient to have cheerful conversation with friends, but not in your presence. When he is nearly well, enter some day, when he is amusing himself, and say: 'See now, here you are laughing and talking and amusing yourself. You will not want us much longer, and we will dismiss you soon with our best wishes.' For the benefit of your practice, it is well for you to gain the favor of the friends of the sick, and to tell him and them something about yourself, whatever you think best, so as to create a personal acquaintanceship. Collect your fees gradually and carefully, and as promptly as you can."

These extracts, with their sly knowledge of human nature and their simple piety, present a curious combination, but they reveal to us how similar in all ages are the principles of human nature.

As an entertaining specimen of a generation of physicians, who were the leaders in medical science in the olden time, it is worth reproducing, and we have chosen it in preference to quoting from Professor ZIEMSSEN's article the proof he adduces that they were not merely shrewd practitioners, but learned, enthusiastic, honest, and careful physicians, trained by years of study (the curriculum was seven and eight years) and close observation.

PROF. CHARLES ALBERT LEE, M. D., died at his residence, at Peekskill, N. J., on Wednesday, February 14, 1872, in his 71st year. He was born in Salisbury, Connecticut. His father, SAMUEL LEE, Esq., was the son of the Rev. JONATHAN LEE, D. D., the first Congregational clergyman of that town. Early in life he received a good education, graduating at Williams College, Mass., in 1823. His collegiate studies were directed with a special view to the ministry, but a sudden failure of his health and the earnest advice of his brother-in-law, Dr. LUTHER TICKNER, induced him to study medicine. After three years of assiduous devotion to the study of physic and attendance on lectures at Berkshire Medical College, he received the degree of M. D. in 1826; from that time to within a few weeks of his death he was laboriously engaged either as a practitioner, a teacher, or a medical writer.

Few men in the profession in our country have written on a greater variety of subjects, or have written better. As a teacher in various medical colleges for over a quarter of a century, he was popular and thorough, and always fully informed on the latest and most approved theories and improvements in the science and art of medicine. In a number of branches he has long been held as an eminent expert.

During the whole period of the forty-six years of his professional life, he was a close observer of diseases and a laborious and careful student, and was not only a well-informed

physician, but a man of extensive and varied scientific and scholarly knowledge.

The doctor was by nature affable with gentle instincts and warm sympathies, which, in the latter years of his life, induced him to take an active interest in all humanitarian measures. Through the late civil war he labored with much zeal, ability and success in the service of the Sanitary Commission. And for quite a number of years he has been among the leading advocates for reform in the treatment of the insane in the United States.

The doctor was an active and influential member of the American Medical Association, the New York Academy of Medicine, the New York State Medical Society, and many other medical and scientific associations at home and abroad. He was a consistent member of the Episcopal church, and has lived a long life beloved by those who knew him and greatly respected by the whole medical profession of the country. A wife and two sons are left to mourn his loss. With veneration we pay this slight tribute of respect to our departed friend and only wish we could make it more complete and worthy of him. We learn, however, that the doctor left his manuscripts, pamphlets and journals to his friend, Dr. TONER, of Washington, D. C., who, we may expect, will in due time give to the public a more detailed and faithful account of Professor LEE'S life and professional labors.

THE VACCINATION QUESTION.

A committee of the New York Academy of Medicine, appointed to report upon the questions relating to small-pox and vaccination which concern the medical profession and the public, have submitted the following statement of facts to encourage and aid the work of thorough vaccination:

REVACCINATION.

By the medical profession, revaccination is recommended, not only as a measure of renewed security against small-pox, but as a test of the completeness of the first vaccination. In most persons a first revaccination succeeds in a certain degree; some may be found wholly insusceptible to it—thoroughly protected against contagion—and in some persons it will take barely enough to show that the virus was not wholly inefficient; but, sometimes, with a degree of energy which very closely resembles that of a primary vaccination. Revaccination is necessary, and a duty, to test the completeness of protection and to exhaust the receptivity of small-pox, and of vaccination itself.

SMALL-POX AFTER VACCINATION.

Small-pox, it is true, occasionally occurs in persons who have once been vaccinated; but its occurrence is very rare in those recently vaccinated, or revaccinated once or oftener, or in those in whom the first vaccination was thoroughly good, as judged by the Jennerian rules for vaccination.

In these instances the disease manifests itself oftenest in mitigated form, known as varioloid, and the protection afforded by vaccination is found not to be equal to that which is conferred by a previous attack of small-pox. It may in truth be said that secondary small-pox is oftener more severe, malignant and fatal than that which occurs after vaccination—that very rarely destroys life or disfigures the person. It is believed that a revaccination will destroy any susceptibility to small-pox infection which may remain from incompleteness or imperfection of the primary vaccination.

VACCINE VIRUS NOT A CARRIER OF OTHER DISEASES.

It is a prevalent idea in the public mind that vaccine matter may communicate directly various cutaneous and constitutional diseases with which children may suffer after vaccination. The virus is then alleged by ignorant persons to be "bad," or "impure," and in view of these contingencies this is a point on which most persons are extremely solicitous, and which tends to deter many from vaccination. There is one disease, syphilis, which some persons have supposed may be transmitted from a child laboring under it, to a healthy one, by vaccination, but admitting that this might happen, under circumstances of gross carelessness, it would bear no appreciable proportion to the vast multitudes of vaccinations which have given perfect protection against small-pox without any suspicion of harmful effects from vaccine. It is believed never to have been seen in the practice of the most ex-

perienced vaccinators or surgeons, especially conversant with that disease, nor has a single case been met with in the systematic inspection of vaccination in England, which have already extended to millions of persons, and the risk, indeed, of any such occurrence is so infinitesimally small that, for all practical purposes, we may regard it as non-existent. It is, however, with the appearance of other cutaneous eruptions and consequences which follow vaccination at longer or shorter intervals, that the public is chiefly concerned. These are blotches and rashes, erysipelas and eczema and enlargement and suppuration of the glands of the neck, and other indications of disease called scrofulous.

Such complications of vaccination are undoubtedly witnessed occasionally, but they are mostly the results of a preëxisting tendency. With due precautions, no other disease than that of vaccinia will be communicated. The distinguished English vaccinators, Dr. MARSON, in 40,000 vaccinations; Dr. LEESE, in as many more; Sir WM. JENNER, in 13,000 sick children and adults in London, and Dr. WEST, of the Children's Hospital, in 26,000 children, all concur in saying that they have never seen any other diseases communicated with the vaccine, and that they disbelieve the popular reports that diseases are so communicated; nor is the child from whom the lymph is taken found to be suffering from the disease it is said to have imparted. Fresh lymph is always to be preferred when it can be obtained, but crusts may be used if such lymph is not to be had and there is immediate necessity for vaccination. When practicable it is desirable to vaccinate from arm to arm, with virus taken on quill-slips directly from a healthy individual to the arm of another.

VACCINATION TENDS TO DIMINISH DISEASE AND MORTALITY.

Small-pox greatly tends to promote the development of scrofula and consumption. Vaccination, by preventing small-pox, also indirectly diminishes scrofulous diseases; and the death-rate of most constitutional diseases, to say nothing of small-pox itself, has materially decreased as the practice of vaccination has increased; and not only has mortality been diminished, but life has been lengthened and population augmented. The exact reverse is true of the former practice of inoculation of small-pox.

AGE FOR VACCINATING; AND NUMBER OF VESICLES.

There is no age at which a person should or should not be vaccinated, when a necessity exists for immediate protection against small-pox; but it is best done in early childhood, for then the irritation is less, and the child, unable to relieve itself by scratching the part which, with the irritation of the clothes, often interrupts the progress of the vesicle, causes it to discharge prematurely and become inflamed; whereby a vaccination which might have run its course naturally becomes altered, and an inflamed and angry sore is produced, leaving a deformed and ill-looking scar and a diminished protection. Matter, too, taken from such a sore is worse than valueless. The age of three months is, on the whole, to be preferred. The most distinguished English authorities in vaccination, SIMON, MARSON, SEATON, and others, recommend, as preferable, and as insuring greater ultimate protection, four or five separate good sized vesicles; and of these, in taking virus for the purpose of vaccinating others, one, at least, should remain untouched.

THE FIRST VACCINATION.

The utmost care should be taken in the performance and management of a first vaccination, to make it as nearly perfect, regular and exhaustive as possible, for upon this depends very much the after insusceptibility to small-pox; and it is doubtful whether any amount of subsequent revaccination will fully compensate for the deficiency of the first.

THE PERIOD FOR REVACCINATION.

It may be left very much to be determined by circumstances; it can never be done too early or too promptly in persons exposed to small-pox, and it should be performed in every person soon after the age of puberty, however frequently it may be repeated at earlier or later periods of life. It may succeed at one time when it would not at another; indeed, it appears to be true that revaccination as well as primary vaccination, actually takes more readily in some years than in others. "One thoroughly good vaccination to start with," says SEATON, "and one careful revaccination after puberty, are all that is necessary for protection as complete as any known proceeding can give against small-pox." After the twenty-fifth year of age, the liability to small-pox in the well vac-

cinated is very small. The effects of a revaccination are occasionally as perfect in appearance and the symptoms produced as are those of a primary vaccination of infancy, and, just as a second attack of small-pox may be as complete as the first; slight and brief symptoms and appearances, and sometimes no effects whatever—which could not be the case if the protective influence of vaccination steadily wore out in the human system with advancing age.

Of the nearly 50,000 revaccinations in the Prussian army in the year 1833, only about one-third were perfectly successful; resembling, that is, the results of a primary vaccination so closely as scarcely to be distinguished from it; the remaining two-thirds being more or less modified or failing entirely. In other trials on a large scale, the success has not been as great. It should be remembered that secondary small-pox occurs on an average in about one per cent. of cases; and that while we urge revaccination, both as a test of remaining receptivity to it, and of further exhaustion of what may remain, it is well known that a single well-performed vaccination, perfect in all respects, does, with few exceptions, suffice to secure for life an individual subjected to it. The small-pox has lost none of its malignity and virulence. And while unvaccinated persons are allowed to accumulate, it is vain to hope for any exemption from epidemics of greater or less extent. When every child shall be carefully vaccinated, and revaccinated at later periods, when the errors, ignorance and prejudices with which the subject is now invested shall be dispelled, and the human family shall become willing to place itself unhesitatingly under the "ægis of JENNER," vaccination will become even more deserving of the confidence and encomium of its friends and the public, less open to objection and refusal, and small-pox, if it does not disappear entirely, will become less frequent and fatal.

In times of epidemic prevalence of small-pox, all should encourage vaccination. Vaccination and revaccination are positive duties. It is to be regretted that any persons should be found so ignorant and prejudiced as by precept or example to oppose or discourage this safe and simple means of protection. In order to give complete and assured protection against small-pox, every person, not recently and thoroughly vaccinated, should at once be revaccinated, as often as every five or six years, until in adult life the repeated revaccinations cease to have effect.

On the subject of compulsory vaccination the Philadelphia Board of Health have adopted a memorial, to be sent to the Legislature, asking for an act giving the Board of Health authority to enforce vaccination. The memorial refers to the value of vaccination, and to the fact "that the sanitary authorities during the prevalence of the present epidemic of small-pox, found themselves deprived of the most efficient means of suppressing the disease, namely, the power to enforce vaccination when all other means of securing the performance of the operation fail. The public vaccinators report that in carrying on their work they daily meet with persons who have never been vaccinated, and who, notwithstanding the imminent danger of their lives, and regardless of every persuasive means used to induce them to accept the benefits of vaccination, persistently refuse to have the operation performed. The statistics of the Municipal Hospital of Philadelphia, in which have been treated during the last six months so many cases of small-pox, show a large percentage of cases that have never been vaccinated, and of this number a large percentage have terminated fatally. That such an epidemic should prevail in our midst in this enlightened age, when the accumulated experience of more than half a century has demonstrated the positive protective power of vaccination, is most humiliating, and proves conclusively the utter futility of relying upon the precarious chances of casual and voluntary methods of applying this simple and most beneficent means of suppressing disease."

The board in conclusion say "that they are aware of the objections to compulsory legislation that affects the freedom of action of individuals in personal matters. But the law must protect those who do not protect themselves, and must prevent them from endangering the health of the general community. No individual has the right to indulge his prejudice or use his ignorance to the detriment of his own life or that of his neighbor. In the opinion of most physicians and of many of the ablest judicial minds, public vaccination and the measures for rendering it universal, constitute one of the few obligations in which the

duty of the individual and the duty of society or the State are so reciprocal and so absolute that compulsory regulations requiring it are not inharmonious with the spirit of our laws.

THE PRESBYTERIAN HOSPITAL IN PHILADELPHIA.

Among those who lost their lives during the recent rebellion was Capt. CORTLANDT SAUNDERS, only child of Rev. Dr. E. D. SAUNDERS, of this city. Had he outlived his parents he would have inherited a handsome patrimony, in large part in the shape of a very valuabte lot of ground of nearly four acres, on which was a handsome mansion house and other buildings. The bereaved parents being thus left without an heir, turned their thoughts to devoting their property to some good and useful purpose. Various objects presented themselves, their claims were duly and conscientiously considered, and finally Dr. SAUNDERS and his wife determined to devote their property to the purposes of a hospital in connection with the Presbyterian church, a project which had been earnestly canvassed for some time by members of that denomination. We are under the impression that the original suggestion to devote the property to hospital purposes came from Dr. M. GIRVIN, a prominent physician of West Philadelphia, who married the widow of CORTLANDT SAUNDERS.

An arrangement was soon made by which the property under certain very reasonable conditions was transferred to the Presbyterian church for the purposes of a general hospital, open to all classes of people without distinction of race, color or religion. The hospital is well located on high ground, in a section of the city which was much in need of a hospital. Dr. SAUNDERS volunteered to act, and was appointed as an agent to obtain funds to put the hospital on a permanent footing, by an endowment sufficient to erect the necessary buildings, and at least partially sustain the institution. It was a great undertaking—but by the munificence of one individual—JOHN A. BROWN, Esq., of this city, who subscribed $300,000, as a permanent fund for the support of the hospital (not to be used in erecting buildings) —success was at once insured. Dr. SAUNDERS has proved an efficient agent, and, including Mr. BROWN'S princely donation, the hospital fund has already nearly or quite reached $400,000, besides the valuable property given by Dr. SAUNDERS, itself worth over $50,000.

On the property besides the mansion house, are another dwelling house and a school or lyceum building. With the funds already collected (outside of Mr. BROWN'S donation,) the buildings will at once be prepared for the reception of patients, and the hospital will go into operation in a few weeks.

An admirable board of medical officers has recently been appointed by the Board of Trustees, as will be seen by the following minute:

A meeting of the trustees of the Presbyterian Hospital was held yesterday afternoon at the assembly room of the Board of Publication, No. 1334 Chestnut street.

Rev. George W. Musgrave, D. D., occupied the chair.

An amendment to the by-laws, providing for a Consulting Board, was discussed and adopted.

The board then proceeded to the election of medical officers, with the following result:

Consulting Surgeons—D. Hayes Agnew, M. D., and Samuel D. Gross, M. D.

Consulting Physicians.—J. L. Ludlow, M. D., and Jacob M. DaCosta, M. D.

Attending Surgeons.—Thomas B. Reed, M. D., Oscar H. Allis, M. D., H. Lennox Hodge, M. D., and Willian G. Porter, M. D.

Attending Physicians.—Edward Wallace, M. D., S. Weir Mitchell, M. D., J. Forsythe Meigs, M. D., and D. Flavel Woods.

Obstetricians.—Robert M. Girvin, M. D., and John S. Parry, M. D.

Ophthalmic Surgeons.—W. Wallace McClure, M. D., and George Strawbridge.

Pathologist.—DeForest Willard, M. D.

——At La Salle, Ill., some speculative physicians have bought up all the vaccine matter, and are making a good profit out of it.

Notes and Comments.

Fancy Stock Vaccinations.

A down-east advertising doctor publishes an advertisement in which he graduates his charges for vaccinating from the "best stock of original non-humanised cow-pox and humanized vaccine virus," and "horse-pox"(!) virus—the charges for the latter being the highest, (because the *strongest* we suppose). He only charges 50 cents for vaccination with *humanized* virus. If we could get the ear of his patients we would advise them that if any of his vaccinations are worth anything it is the latter.

There is a great deal of money being made by mercenary persons on this "original non-humanized cow-pox" dodge. We advise our friends to rely on good humanized virus, and if they have been betrayed into experimenting with these fancy stocks to *re-vaccinate* with humanized virus immediately. We fear that much of the responsibility of the present epidemic of small-pox, which is a disgrace to the medical profession and to our civil authorities, is due to these speculations in "fancy stock" virus.

Another Lesson.

Many insane persons are at large who ought to be under treatment in hospitals for the insane, where there would be some hope of recovery, as witness the following, which is only one of many cases somewhat similar that can be found in the newspapers at almost any time:

"On Saturday afternoon the wife of Mr. Charles B. Coates, of Lowell, while left alone with her two children for a few moments by her attendant, took the youngest child, about seven months old, and plunged it in a kettle of boiling water which stood upon the stove, causing the death of the child in about fifteen minutes. The mother has been insane for the past six months, and at other times before and since her marriage, but her insanity has never been deemed of such a character as to require her being watched, as she always appeared quite harmless."

Vaccination on a Large Scale—Its Success.

A correspondent in a large town of Central New York, says: "During this epidemic I have made 2,400 vaccinations, all of them gratuitous. One-half this number have been re-vaccinations, and of these, I judge that four-fifths have *taken* again, more or less, perfectly."

Our correspondent must allow us to object most strenuously to that portion of the above statement embodied in the expression "all of them gratuitous"—unless he means to say that he was paid by the municipal or county authorities. Strictly gratuitous vaccinations are unjust to the medical profession.

The American Agriculturist.

This paper has distinguished itself for its constant and persistent exposure of all kinds of quackery. Quack doctors and quackery in the medical profession do not escape. Its monthly column on quackery is good and amusing reading. An aggrieved quack recently sought damages in a suit of libel against the paper, with the result stated in the following item:

"The libel suit of MARCUS L. BYRN against ORANGE JUDD, brought to recover damages on account of an Article in the *Agriculturist*, alleging that the plaintiff, who is a physician, published a 'bad book,' sold medicines to match, and was an 'unmitigated scoundrel,' against whom the public was cautioned, resulted yesterday in a verdict for the defendant."

Compulsory Temperance.

When, through moral obliquity, uncontrollable passions, or intemperance, men become dangerous to the community and destructive to their families, it becomes a question whether they should not be deprived of that liberty which they abuse. Dr. D. G. DODGE, of the Binghampton asylum, favors such action, and says in his last report:

"I am of the opinion that a law should be passed for the relief and cure of our indigent inebriates, similar to the law that has been in force and operation for several years past for the care and cure of the indigent insane in our insane hospitals—and I would suggest the propriety of your urging upon the present Legislature the necessity of enacting a law compelling each county in the State to provide for the support and cure, in our inebriate asylums, of its own indigent inebriates who have become lost to self-control through the use of intoxicating liquors, and from that cause alone are unable to support themselves and

are a burden on the State—and that such provision be raised either by a direct tax upon the people of the county where the inebriate resides, or from the proceeds of the excise law in said county. I would also suggest that you urge upon the Legislature the necessity of enacting a law intended to save the lives and property of intemperate persons, and in connection with this a law giving to all institutions of this character in the State legal authority to restrain all patients, for their own safety, within certain prescribed bounds. Without sufficient authority to restrain, especially, committed patients and those that come simply to gratify anxious friends and relatives, it is nearly useless to place them in an inebriate asylum."

Much can be said in favor of such action, which has more than once been urged upon State Legislatures.

New Medical Bill in Illinois.

The present Legislature of Illinois has passed a new bill to regulate the practice of medicine and surgery, which makes it unlawful for any person to practice medicine or surgery in any of their departments who has not graduated at some medical college, or who cannot produce a certificate of qualification from some State, county, city or district medical society, composed of not less than six members, and who cannot produce a certificate of good character from some court of record in the United States. The same bill provides that all prescriptions shall be written in the English language; prescribes the qualifications for persons who shall be allowed to dispense medicines; and requires all proprietors of patent medicines, before exposing them for sale, to file in the office of the county clerk a sworn statement of the ingredients of which they are composed. Will not some one furnish us with a copy of this law. We would be glad to receive copies of the medical laws of all our States.

Therapeutical Notes.

Antidote to Carbolic Acid.—Dr. T. HASEMANN, from numerous careful experiments, both chemical and medicinal, advocates the use of a strong solution of saccharate of lime, of course to be taken as soon as possible.

Remedy for Leprosy.—The civil surgeon of Furreedpore, India, Mr. BOSE, is reported by the *Homeward Mail* to have discovered a remedy by which he has saved many lives. It is the production of the kurchi tree, whose seed, named indrajab, is said to possess the extraordinary virtue claimed for it by Mr. Bose.

Nicotine in Tetanus.—Dr. E. M. WATH relates, in the *Australian Medical Journal* for September, 1871, a case of acute tetanus, marked by "terrible opisthotonos," in which he injected into the areolar tissue of the thigh half a drachm of a solution, one drop of pure nicotine in an ounce of water. The pulse immediately sank to sixty; all the muscles relaxed, except those of the neck; and presently the patient began to perspire. He fell into a sound sleep for four hours, after which he had fully recovered speech. On awaking he said that he felt "all benumbed." He then took some wine and water, and an egg beaten up in milk. The injection was used at twelve o'clock at night. The patient awoke about four o'clock next morning. One hour later, a pill of one grain of extract of nicotine of the Hessian *Pharmacopœia* was administered to him. He again awoke drowsy at nine A. M. Although his body felt very sore, the tetanic symptoms had ceased, and from this time his bowels and bladder acted regularly. A pill of the same extract was given for three nights following, after which the patient felt and continued well.

Compressed Air in Lung Diseases.—Dr. G. VON LIEBIG has inquired what influence is exerted on the respiration by increased or diminished atmospheric pressure. As is well known, respiration at high altitudes with low barometric pressure is exceedingly difficult. This is due to the greater elastic recoil of the lung tissue from diminished atmospheric counterpressure. Hence the difficulty of inspiration and the disturbance or circulation. Under increased barometic pressure the phenomena are quite the reverse. The respiration is usually easy and deep. The pulse also becomes slower. The influence of increased or diminished pressure is not of momentary duration, but persists for some time. Residence at high altitudes has therefore a tendency to develope the respiratory power and the strength generally. From the influence of diminished atmospheric pressure on the lungs the advantages of residence at high

altitudes in cases of emphysema will be apparent. Emphysematous lungs having lost their elasticity, and offering resistance to the pulmonary circulation, may regain their tone and respiration become easier. In all cases of diminished elasticity of tissue from any cause residence at high altitudes under low barometric pressure is advisable.

First Use of Iron.

Tradition says that Melampus, who lived about two centuries before the falling of Troy, holding an augury to discover a cure for impotence, was directed to seek for a certain knife which had lain for a long time in a tree, where it had been stuck after it was used for sacrifice. The rust scraped off this, and given to his patient for ten days in wine, was warranted by a sapient old vulture to effect a cure. So says Le Clerc in his *History of Physic*, Book i. Chapter 19. He further adds, that Dioscorides employed it for a directly contrary purpose. "The rust of iron," says he, "hinders women from conceiving." But then Le Clerc points out that it was Melampus's patient who took it, and not the patient's wife.

Correspondence.

DOMESTIC.

Chloroform Modified by Whisky.

EDS. MED. AND SURG. REPORTER:

Noticing in Vol. XXVI., No. 5, MEDICAL AND SURGICAL REPORTER, a communication from Dr. H. L. W. BURRITT upon chloroform modified by whisky, I will state my own experience with it, which agrees exactly with Dr. BURRITT's. In 1863, after the battle of Gettysburg, I was placed at the operating table of the eleventh corps field hospital with Dr. HAGAN, where we were for several days examining wounded soldiers under chloroform, operating, etc. A man was brought to us upon a stretcher who was very much exhausted and debilitated by loss of blood, shock, etc. Before placing him upon the table we administered half a glass of whisky, which seemed to stimulate him somewhat. He was then given the chloroform and operated upon, and awoke quite bright and not at all depressed by the chloroform. After that we gave to each one a potion of whisky before putting them under the chloroform and without one single unpleasant effect. The whisky seemed to prevent the depression which would otherwise result from the chloroform.

I carried this experience into private practice, and now never use chloroform without preceding it with from one to three ounces of whisky. In 1866 I amputated at the metacarpal articulation, the middle finger of a man who had it badly crushed with machinery. His friends had given him a little whisky before I saw him. I ordered two ounces more of whisky, and as there was no one who could assist me I placed him myself under the influence of chloroform, watched its action and amputated. In little more than half an hour his hand was dressed and he was riding home in a carriage. I have used it, too, with advantage, in the lying-in room. Preceding it with a large tablespoonful of whisky, I have given the chloroform to partial anæsthesia and continued it for half an hour, when I would allow the woman to come entirely out from under its effects, and then, if necessary, administer it again for another half hour—preceding each time with the whisky. I have found it particularly serviceable thus with weak, nervous women where the labor is lingering and pains distressing, and have never yet seen any bad effects from it.

I have met doctors who tell me they are afraid to use it, but in my own practice I would sooner risk chloroform modified by whisky than I would risk a very large dose of hydrate of chloral. A. SHAW, M. D.

Cassville, N. J., Feb., 1872.

On Sick Headache.

EDS. MED. AND SURG. REPORTER:

After persuing an article in the REPORTER of the 3d instant, denominated "Sick Headache," I propose penning a few brief ideas on the subject, and at the same time submit to the medical fraternity my mode of controlling this very unpleasant affection of the nervous centers. Contrary to the assigned opinions of Dr. WILKS, from whose high authority the article under consideration emanated, I think it may safely be maintained that sick headache is very often the consequence of indiscretion, or too free indulgence at meals of indigestible food. Dr. WILKS says that "true sick headache is a purely nervous affection." It is presumed that no one acquainted with the proper physiological action of the nervous system would controvert or gainsay this assertion. But the question naturally arises, what produce irregularities of this apparatus? It is an undeniable fact that substances disagreeing *primarily* with the functions of the digestive organs, are prone to transmit their pernicious *secondary* effects, through the supervention of the sympathetic system to the periphery, and the organ most susceptible and usually invaded, is the cerebrum. I would not be understood as endeavoring to convey the impression that sick headache is produced only by the causes named. Mental disturbances, or any imprudence of mental excita-

tion, with individuals of an hereditary predisposition to cephalagia, are frequently followed by an attack of this disorder.

What practitioner of any considerable experience has not been summoned to interfere with a paroxysm of cerebral pain, the result, doubtless, of indiscretionary indulgence at the nerve-revolting table, ladened with sweetmeats, vinous preparations, crude vegetables, and clammy bread saturated with grease?

Another question suggests itself in this connection, namely: Is sick headache produced by inability of the stomach to assimilate the ingesta, illy-selected and crowded upon its functions? or is the sickness of stomach attending this disorder secondary and sympathetic, depending upon cerebral disturbance? A correct solution of this peplexity would render the plan of procedure perfectly simple and practicable. Presuming, however, that the trouble lies in the former, and being on the safe side if it does not, I have for some months now pursued the following course: To counteract the nausea or vomiting present, I usually prescribe either Husband's magnesia, seidlitz powders, or prepared willow charcoal. As soon as the irritability of the stomach is sufficiently overcome, I give eight to fifteen grains of chloral hydrate (owing to the idiosyncrasy of the patient) combined with about five grains of bromide of potassium. It has not been my lot to come in contact with a case of headache of any description in which the above treatment has failed to accomplish a remission of the pain. Where the stomach is free from derangement or implication the latter part of the treatment is all that will be required.

It may not be inconsistent in this relation to add my experience in the use of chloral hydrate, locally. Noticing some time since—I think it was in the REPORTER—that some one recommended a solution of chloral topically applied for neuralgic affections, I determined to give it a trial at the earliest opportunity. Since then I have advised its use several times for facial and orbital neuralgia; once also for neuralgia of the side, with perfect success. The plan I have followed is to make a reasonably strong solution (10 to 15 grains to the drachm of water) and direct it to be employed in the manner that Hoffman's anodyne is applied. I am not positive that the last-named remedy will not give the same relief; but believing that any experience relative to new remedies is welcome to the profession, I venture the above for what it is worth.

A. H. KUNST, M. D.

Hospital for the Insane,
Weston, W. Va., Feb., 1872.

Extraction of a Goose-quill from the Female Bladder.

EDS. MED. AND SURG. REPORTER:

In September last I was requested by a physician to assist him in removing a goose quill from the bladder of a female. While attempting to draw the urine by means of the quill, a sudden suction snatched the instrument from the operator. The lady at the time was having hemorrhage from threatened abortion. I repaired to the place ten miles from this village, and upon introducing a silver probe touched the quill, then using forceps grasped the offender, and slowly pulled, but my instrument unfortunately slipped off; I then searched for the quill, but it had changed its location, and could not be easily found.

We made an attempt to use a dilator, but had to desist on account of pain; the lady would not consent to take chloroform, and we postponed the operation. I had an instrument constructed by an ingenious deviser, Mr. J. B. LOWE, consisting of short forceps attached at the fulcrum to a stationary bar, and operated by means of knee-levers connected with a sliding bar. On the stationary bar was a graduated scale. This instrument was made narrow, to pass through a wooden canula. We again visited our patient in company with Dr. BELDING, who was called in consultation, and tried to induce her to take chloroform, but with no avail. We filled the bladder with water, hoping one end of the quill might become detached, and put the lady in a recumbent position to get the help of gravity. The urethra contracted with such force that we could not use our instrument, and then attempted to introduce the little finger of right hand on which was placed a slip-noose thinking I might get the noose over the end of the quill, but the contractions were so strong I abandoned the effort. Our patient could not be prevailed upon to take chloroform, as she was afraid it would produce abortion, a work on domestic medicine, which she possessed, furnishing the fears she entertained in regard to the use of this agent. We went home. One month from the time of our first trial I received a letter to visit her again. This time we were determined to overcome her prejudices against the use of anæsthetics. As the quill was large and long we thought best to first introduce the finger, that we might better determine its position. The lady was not quite ready to be chloroformed, and we commenced the trial without, but no sooner had my finger entered the urethra than she wanted it withdrawn, as it occasioned such severe suffering, but it pushed onward, producing so much pain that she was willing to take anything to relieve her. An anæsthetic was given, and the finger entered the bladder, and by hard pressure touched the quill at its bend—it lay across the base of the bladder—knowing now its position, I used the forceps and drew it forth. It measured four inches in length. It had formed a nucleus for a stone, and its greatest circumference from accretion was two inches. For several days before its removal she had suffered considerably and was obliged to

keep her bed. The second day after its extraction she was able to attend to her household duties. CHARLES S. LEONARD.
Ravenna, Ohio, Feb. 15, 1872.

NEWS AND MISCELLANY.

——List of Medical Patents issued from the U. S. Patent Office to American Inventors, for the week ending Feb. 6, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.

Abdominal Supporter, Mary G. Briggs, Boston, Mass.
Dental Plate and Teeth, R. E. Burian, Lewisburg, Pa.
February 13, 1872.—Syringe, W. B. Snyder, Bridgeport, Conn.
Medical Compound, or Ethereal Oil, for treating rheumatism, L. J. Sell, College Corner., Ind.

Officers Elected.

At a meeting of the "Williamson County Medical and Surgical Society," held at Georgetown, Williamson county, Texas, January 29, 1872, the following officers were elected for the year: Wm. H. Westfall, M. D., President; Wm. P. Fleming, M. D., Secretary; A. J. Graham, M. D., Treasurer.

Chicago Relief Fund.

The following additional contributions to this fund are noted:

Prof. J. Aitken Meigs	$25 00
Dr. Atkinson	5 00
Cash, L. C.	10 00
Dr. F. F. Maury	15 00

An Act against Empiricism.

The following are the provisions of an act entitled "an act to protect the citizens of Wyoming Territory from empiricism and elevate the standing of the medical profession."

Section first makes it unlawful for any person to practice medicine or surgery in any of its departments, for reward or compensation, who has not attended two courses of instruction in a school of medicine, or who cannot produce a certificate of qualification from some regular medical society.

Section second makes it incumbent upon all persons now practicing medicine or surgery, to file a copy of his or her diploma or certificate with the County Clerk, making oath that they are the *identical* person named in the diploma or certificate.

Section third provides a penalty for a violation of sections one and two, of a fine of fifty to one hundred dollars for the first offense, and imprisonment in the county jail not less than ten days for the second; and in no case wherein this act shall have been violated, shall the person so violating receive any compensation for services rendered.

Section fourth exempts dentists and surgeons of the United States army from complying with the provisions of this act.

The above act was passed by the late Legislature, signed by the Governor, and is now the law.

——A joking Harvard student recently called for a doctor in great haste, directing the servant where he should go. The doctor came, but found his services unnecessary and his call a hoax. So far it was all very well, but the servant recognized the caller, and the next day the doctor called on him and asked him whether he would rather pay twenty dollars or be arrested. He said he thought so, too, and paid the twenty dollars.

——A whole family was poisoned at Sutton, Vermont, a few days since, from drinking water which ran through a new lead pipe They were all sick and one of them nearly died.

——*Note for Darwin:* In time the mulberry tree becomes a silk gown, and a silk gown —becomes a woman.

QUERIES AND REPLIES.

Pruritus Ani.

MESSRS. EDITORS.: Will you, or some of your readers suggest a remedy for the following case: A man complains of a *dreadful itching* at the anus. It troubles him only at night—begins just after he gets warm in bed, and he is unable to sleep for many hours each night. The itching seems to be just within the anal orifice. Many things have been tried, but nothing he has used yet has given him relief. If you or some one will suggest a remedy, you will greatly oblige an INQUIRER.

Reply.—"Inquirer" should make an anal examination. —EDS.

Dr. M. D. U., Mo.—The latest and best work on General Pathology is Dr. T. HENRY GREEN'S *Introduction to Pathology and Morbid Anatomy.* H. C. Lea, 1871.

Electricity.

MESSRS EDITORS: In MED. AND SURG. REPORTER, vol. XXVI, No. 2, page 49, you give from Dr. BERNIER a "Novel use of Electricity" in the subduing of the congested condition of nasal organs from hard drink or otherwise. Could you further give us the kind of electricity used and the method of application, that we may make the fact available? C. ELLIS, M. D.
St. Louis, Mo.

Reply.—We culled the statement from the columns of an exchange, which, however, gave no details. Probably some of our electrical specialists can furnish the information desired.—EDS. REPORTER.

Chloral.

A country correspondent expresses surprise at our statement in No. 1, Vol. XXVI. that chloral is injured by standing in solution. He says:

"I have been in the habit of dissolving one ounce of the chloral in four ounces of water, making a teaspoonful a convenient dose, and using it when required as long as it lasted. I have given such a solution to a patient, who has used it with uniform good results, to the last dose, two months from the time it was prepared, without any apparent change in the solution or any appreciable bad results following its use.

"Will you please state what change is to be looked for in a solution of the chloral, and what ill consequence, is to be expected from its administration?

"If your view is absolutely correct, chloral is a very inconvenient remedy in country practice."

Reply.—Quite a number of physicians have reported that chloral hydrate kept in solution lost, in a measure, its effects. See MED. AND SURG. REPORTER. Vol. XXIV., p. 86, etc., q c.

OBITUARY.

JOHN FOOTE TROWBRIDGE, M. D.

Dr Trowbridge died at his residence in Syracuse, N. Y., February 18th, aged 8[illegible] years.

He was born in the town of North Armenia, Columbia county, N. Y., on the 21st day of July, 1791. His father was a strict and practical Quaker a farmer and millwright, and was one of the guards in charge of Andre during his imprisonment and execution.

At eighteen he entered the office of Dr. Frigeley, of Ghent, and graduated at the New York College of Surgeons and Physicians in the spring of 1812, carrying the prize medal for his thesis. Being recommended by his professors, Drs. Mott and Francis, he was appointed house physician in the New York City Hospital, where he remained more than a year.

In the fall of 1813, he commenced practice in the young village of Bridgewater, Oneida county, where he continued to live and labor for thirty years, with the exception of nearly two years' absence In May, 1817, he married Rosamond A. Packard, at New Hartford. In 1830, he was elected to the Assembly, and again in 1839. He occupied numerous other positions of honor and trust, and refused many others that were proffered him, among them a nomination to Congress With a heart which was the very home of kindness, he made many and warm friends in every rank and condition of life, and passed away amid a sorrow as universal as it is sincere. Falsehood, quackery, sham and charlatanism were loathsome to him in its deepest sense. His many years and long experience constituted him the father of his profession, and won for him the esteem and veneration of his professional brethren, and he has gone down to the grave loaded with the only fame which he ever desired—the love, esteem, and approbation of the world in which he had lived so long. He ranked high in his profession, in which he was as conscientious as he was skillful.

At a meeting of the Onondaga County Medical Society, held last evening at the office of Dr. Ely Van De Warker, the following resolutions were adopted:

WHEREAS, Our Heavenly Father, who "doeth all things well," has seen fit to call away from earthly labor to everlasting rest, our dearly beloved professional brother, Dr. JOHN FOOTE TROWBRIDGE; therefore,

Resolved, That in the death of Dr. TROWBRIDGE, not only has the entire medical profession been deprived of an illustrious ornament, but Christian society has sustained an irreparable loss, while from the fireside of home the light and joy have gone out forever.

Resolved, That in the courteous demeanor of our venerable friend, in his genial recognition of the merits of his brother practitioners, especially the younger and inexperienced ones, in his modest forgetfulness of self in order to encourage others, and in his scrupulous and sensitive observance of the code of medical ethics, he was at once the pride and model of the profession.

Resolved, That we cheerfully and cordially mingle our tears with those of his worthy and bereaved family, and that in token of our great grief, and as an unusual mark of respect and esteem, we will wear badges for the ensuing thirty days.

Resolved, That a copy of these resolutions, duly attested, be furnished to the family of the deceased and to the daily press.

WILLIAM D. BUCK, M. D.

Dr. WILLIAM D. BUCK, one of the most distinguished physicians and surgeons of New Hampshire, died at his residence in Manchester, very suddenly, on Tuesday evening, January 9, of heart disease. As long ago as 1854, he was seriously troubled with difficulty about the heart, and it was feared at that time that he would not survive. He has, since then, suffered at times from the same cause, and though he has been constantly employed in his profession, has been compelled to exercise great caution lest overwork or excitement produce illness. During the present winter he has been obliged to refuse many calls from those who have relied on his professional services.

Dr. B was born at Williamstown, Vt., March 25, 1812, and therefore was nearly 60 years of age. When a young man William D. Buck went to Concord, and was employed as a carriage painter in a large carriage manufactory He followed this occupation for some years very successfully, and then, in accordance with a desire long felt, commenced the study of medicine in the office of the late Dr. THOMAS CHADBOURN of Concord. He graduated at the New York College of Physicians and Surgeons, and commenced practice in Concord about 1840.

In 1846, he visited Europe, in company with Rev. Mr. Noyes, then pastor of the South church in Concord, and soon after his return, in the spring of 1847, opened an office in Manchester, and has been regarded as one of the most skillful surgeons and physicians in that section. He has been well known throughout the State, from the post mortem examinations made in cases of unnatural deaths, and from his appearance in court as a witness in such cases. His testimony has always carried great weight with juries and judges. At one time Dr. BUCK was prominent as a musician, having taught music, both vocal and instrumental. He was for two years President of the State Medical Society, and his addresses given before that body have been received with great favor.

Dr. B. was twice married, first to Miss Grace Low, adopted daughter of the late William Low, of Concord, who died in 1856. Four years after, he married Miss Mary W Nichols, of Litchfield, who survives him. He leaves no children.

Dr. BUCK was a positive man. He had decided opinions, and was not easily influenced by the opinions of others, yet he was a genial and companionable man, who had many friends who will miss his social companionship, as well as his professional services. He was a member of the Mechanics' Lodge of Odd Fellows, and, for many years, was a leading member of the Franklin street church.

An amusing extract from one of Dr. BUCK's addresses before the medical society of New Hampshire on the modern surgical treatment of diseases of women, it may be remembered, went the round of the medical press a few years since.

Charles A. Lee, M. D.

CHARLES A. LEE, M. D, died February 14 at Peekskill, N. Y. The New York *Times* says: "Dr. Lee was a man of the highest eminence in his profession and in general science. As a writer he has probably contributed more to the literature of his profession than any other author. He has edited *Lee's Physiology*, a work formerly in extensive use in our schools; *Elements of Geology*, *Copeland's Medical Dictionary*, *Pereira on Food and Diet*, and many other works. He was for many years Professor in the New York University, the Bowdoin Medical College, Berkshire Medical School, the Medical School at Woodstock, Vt., Geneva Medical College, and was also one of the founders of the Buffalo Medical School. In connection with the late Dr. STEWART, of New York, he, many years since, established the Northern Dispensary, an institution which has been of great and incalculable benefit to the poor of New York. He was for many years editor of the New York *Journal of Medicine*. In every way his whole life was unselfishly devoted to any and all objects calculated to benefit mankind; and his loss will be severely felt by the many students who have graduated under him, as well as by the profession he so ably graced. He leaves a large circle of personal friends to mourn his death"

A man as prominent in law, or in political life, or in almost any ordinary pursuit, as Dr. LEE was in medicine would have left an estate counted by hundreds of thousands, if not millions of dollars.

Dr. LEE's name is familiar to the readers of the REPORTER, as he was a frequent contributor to its pages.

MARRIAGES.

NICHOLS—MATTOCKS—In Hanover, N. H., Jan. 24th, by Rev. Mr. Hartshorn, of Enfield, C. Byron Nichols, M. D., of Cleveland, Ohio, and Lizzie B. Mattocks, of Chicago.

DEATHS.

COOK—In New York, Feb. 19, 1872, at her residence, Mrs. Caroline A., wife of S. G. Cook, M. D.

HAMMOND—In Bennett's Corners, N. Y., Jan. 30, Dr. G. W. Hammond, formerly of Gilsum, N. H, aged 63 years.

HOTCHKIN—In Saxton, Bedford county, Pa., Feb. 18, 1872, of Scarlet Fever, James Henry, child of Dr. G. B. and Mrs. S. J. Hotchkin, aged 2[illegible] months.

LOCKROW—At his residence, in New York, Feb. 21, Dr. Van Buren Lockrow.

MCDOWELL—In Pittsburg, Feb. 18, Elizabeth, youngest daughter of the late Dr. A. N. McDowell.

PENNEY—At the residence of his mother, at McKeesport, Pa., Feb. 18, Dr. David A. Penney, in the 53d year of his age.

RODMAN—At Newcastle, Ky., Feb. 11, Dr. Hugh Rodman, of Frankfort, in his 54th year.

TROWBRIDGE—In Syracuse, N. Y., February 18, John F. Trowbridge, M. D., aged 80 years.

VIRTUE—At West Lebanon, Indiana county, Pa., Jan. 21, Dr Samue W. Virtue, in the 37th year of his age.

WILSON—At Pennington, N. J., of scarlet fever, Annie Franklin youngest daughter of Dr. J. Greenwood and Kate Emma Wilson, aged 7 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 784.] PHILADELPHIA, MARCH 9, 1872. [Vol. XXVI.—No. 10

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

HEPATIC ABSCESS.

By A. L. Knight, M. D.

[Read before the Meigs and Mason Counties (Ohio) Academy of Medicine.]

I shall first examine the causes that may, or that are believed to, induce suppuration and abscess of this particular organ.

Blows upon the region of the liver are considered as a cause of this disease. This I think is placed first by authors, not because of its frequency, but from the directness of the cause, and the disease consequent, for having other symptoms of the malady, this kind of evidence can be easily associated with the origin of the complaint.

This cause is very rare, owing to the secure position and protection that the organ has in its osseous surroundings, exposing but a very small portion of it to the accidents of external violence.

Authors are pretty uniformly agreed that the most frequent cause in this malady is, pus in the circulation from suppurative inflammation, either obtained in the vascular system, or brought within it by absorption. This proposition for the supposed cause of this form of abscess should never be lost to view; for having evidence of pus absorption, a fact is established that acts the sentinel, and will in the absence even of special symptoms, arouse our suspicions of the existence or approach of this disease.

I am aware that I am taxing the credulity of those who do not credit the probability, or even possibility, of pus absorption to the extent of producing abscess in other parts of the organism, owing to the comparatively greater size of the pus globules in relation to those of the blood?

A few words upon this: The theory of pus absorption might be supported in this manner: It is known that pus globules are hollow, and perhaps capable of assuming an elongated form, so reducing their diameters as to make them absorbable. When we add to this the fact that pus has been found in the circulation in the absence of any introvascular inflammation, at least of any detected, but with external parts being in a state of active suppuration, proves almost conclusively that the pus entered the circulation by the process of absorption.

This proposition being established, the question naturally arises, what detriment results to the economy, and, if any, where will it most likely fall?

It would of course float with impunity in the larger vessels, but when it reaches the net-work of the finer structures, as the pneumonic cells or meshes of the glandular system, the tortuous and capillary nature of which would entangle a portion of this pus, carrying within it its venom, of which, perhaps, all pus holds a taint, and thus lodged, as it were, blocking up this spot in this convoluted circulation, becomes the nidus of the disease in question.

For example, experiments have proven that certain substances, as quicksilver, introduced into the crural veins of dogs and other animals, have found their way to the liver and been confined in the intricate meshes of that organ. And further, that these foreign substances have, in every case in which these experiments have been tried, produced an inflammatory action in the lobular portion of the liver, not confined to one particular loca-

tion, but, as it were, each foreign particle becoming the nucleus for this form of action variously dispersed throughout the organ.

It is not my purpose in this discussion to theorize upon the manner in which these particles reach the liver from the inferior extremities. It seems to me that BUDD has laid too much stress upon the absorption of pus from operations, wounds and ulcers of these parts of the body, for doubtless, taking an anatomical view of the process, we would be lead to suppose that the absorbed venom would necessarily traverse the entire circulation, and admitting this venomous matter to be a cause of abscess, we would naturally look for this form of malady in other structures, especially in the lungs and lymphatic glands, to occur as frequently as in the hepatic gland.

But experience does not warrant this conclusion; so we are driven to the opinion that pus can traverse other tissues with more impunity, whilst it is held in check or lodged in the winding meshes of the biliary circulation. However this may be, it is sufficient for our purpose to know that pus poison is one of the principal causes of abscess in this organ, the truth of which we are not able, in the present state of our knowledge of this disease, to assert, or prepared to controvert; yet this does not preclude other causes. Of the several hundred *post-mortems* had where this disease existed, from what I have gathered of the several authors that I have perused, in fully seventy-five per cent. of them could the cause be traced to pus absorption. BUDD was of the opinion, though not so directly expressed, that even a greater percentage was due to this cause. Where other reasons were assigned he supposed it possible that the original seat of suppuration was either unobserved or had ceased to exist, and that very minute abrasions could give rise to extensive abscess.

So strongly was this author imbued with this idea of absorption, that he boldly asserts that cancer cells may be absorbed and produce cancer of this organ, and this he demonstrated or rather assured himself by personal observation.

He thinks that the frequency of hepatic abscess in India and other warm latitudes, in which we find a majority of the cases reported, is not due to excessive heat, or malarious poison, "for," says he, "did heat act as a cause we should expect to find the disease more frequently among the smelters of iron and brass, and the japanners of our own country; but malaria may act as a remote cause, by primarily exciting this organ to throw into the primæ viæ vitiated bile in excess, which in turn induces inflammation and ulceration of these parts, gall ducts etc., and from which absorption engenders the disease."

If we take it for granted that glandular structures, per se, are rarely affected with suppurative inflammation, we can the more readily coincide in the above views. We must admit, however, that the inguinal and axillary glands are very frequently the seat of abscess, as are also the mammary and other glands, and that this process is destructive to their functions. But I venture the gratuitous remark, that the functions of these organs are not so frequently destroyed as we are led to suppose. I account for this by the supposition that the abscess, non-destructive, is interlobular, and not involving the functional structure of these glands, for pus could reach these interstices as readily as the gland proper. I am of the opinion that these glandular structures are in this way made the seat of abscess whether the suppurative source be benign, malignant, or specific. Still there may be some modification in this supposing that the virus may be carried either within the pus globules or in the liquor puris. Syphilologists are divided on this proposition, and it has been of some authors, JOHNSON for one, the opinion that these abscesses were the result of sympathy from their proximity to a suppurating abrasion. Is it not equally plausible that this proximity favors the idea that absorption has carried pus virus either into their interstitial vascularity, or into the lobulated portion of the glands?

That these organs are frequently the seat of suppurative inflammation from other and specific causes will not be denied, nor do I wish to raise any side issue in this present discussion, my principal aim being to impress you with the fact that pus lodgment is the principal if not the sole cause of the lobular abscess of this organ. If this position is well taken, it proves that free pus, or pus with its menstruum is the most active and prime factor when in the circulation from whatever source in this malady. Knowing this, with specific symptoms present, a diagnosis is facilitated. I believe it is generally conceded that

a suppuration once set up is capable of growth in any of the tissues, and more especially so in the vascular cell structures. The physical formation does not disfavor the idea of growth of abscess in its parts. And as before remarked, pus being a prime factor in this suppurative condition, we would naturally look for its principal strength in its proximity to this gland. Thus we see this possible and highly probable result from a suppurative inflammation in the mesenteric vessels or its cellular structure, and this would be heightened were the inflammation within the vascular coats of the portal system, pus being carried direct to the liver.

The quality of the pus doubtless would influence the character of the abscess, in regard to its rapidity of growth, its benignity, malignity or dispersion of locality; its complete divisibility in the circulation favoring a plurality of abscesses. However, we have no means of determining the special quality of the pus or its capacity of divisibility. I am disposed to think that the nearer the source of poison to the organ, the fewer abscesses should be looked for, and *vice versa*, with remoteness of source which would require the aid of the general circulation, and thereby not pass so uniformly through the same portion of the liver, or at least giving one affected spot time to set up its action with surroundings so prepared as to preclude the further ingress of pus, and thus drive it to other parts. I have no authority for the above opinion; writers, so far as I know, upon this point are silent. There are other causes supposed to give rise to this species of abscess, one of which I will notice; that is, the excessive use of alcoholic spirits. It is well known, or should be, that prolonged inebriation induces congestion, active excitation, and perhaps inflammation and fatty degeneration of this organ. But it has been shown that those who use alcoholic spirits well diluted, or in the form of the weaker wines, beer, etc., or the stronger upon full stomachs escape hepatic abscess, but are obnoxious to the other affections just named; whilst those who take it "straight," as we Yankees do, or the gin drinkers of London, may have interstitival abscess or the "hob-nail liver," spoken of by English authors—more generally the latter than the former. Yet lobular abscess may follow these latter habits, and has been known to do so.

This favors the idea that the direct irritation, long continued, of strong stimulants, induces inflammation and suppuration of the chronic form in the stomach and superior portion of the primæ viæ, and perhaps also the gall ducts from which the advent to the liver would be direct, and *modus operandi* like that given for pus absorption. I am inclined to think from my teaching, that this is a rare cause, and that the interstitial form is much more common as a result of inordinate drinking of alcoholic stimulants. The disease as it usually occurs from this cause, as well as from blows or other external violence, are not nearly so grave, and seldom destroy the lobular portion of the organ, as do those abscesses from the main cause spoken of. These comparative differences will be further considered in reviewing the treatment.

I am sorry that the limits of this article will admit of but a glance at the changes of structure that are consequent to this disease.

Observations upon the cadaver of several hundred, have shown, as we would readily suppose, a great variety of difference in appearance, number and size of the abscesses, as well as changes in the organ. The more recent the abscess with rapidity of development, the greater redness and congestion in its immediate surroundings, with the greater diffusion of lymph in a semi-organized state, whilst those more tardy were generally found sacculated, with the surroundings displaced by a yellowish hue, supposed by some to be a bilious stain. These appearences were found in the lobes of the liver.

Those occupying the vascular and interstitial portions did not cause as marked changes in the gland, except that there were various degrees or shades of color throughout the entire organ, varying from a pale yellow to a deep brown. It is worthy of remark that abscesses in other parts of the body, have been accompanied with a pale and flaccid liver.

This goes to show the susceptibility of this organ to take on diseased action and functional derangement from these causes, and perhaps favors the theory that pus is formed in the vascular system; but the prevailing opinion now is, that this degeneration of the circulating fluids produces cold abscess, with which we have nothing to do in this discussion.*

*Cold abscess is supposed to originate from some abnormal secretion in the lymphatic system not yet understood.

Again, the change in color is wrought by so many other influences that but little stress can be laid upon this physiological feature.

I am not able to say whether a single abscess or a plurality of them most often obtain, but as the organ has been often found studded with small abscesses, it is reasonable to suppose that a plurality of them may exist at the same time, or follow each other consecutively.

They have been found from the size of a filbert to eight or ten inches in diameter, containing from an ounce or two to several pints of pus, which is white and of the consistence of ordinary pus from abscess of other parts of the body, not claret-colored as some authors have asserted. Perhaps, as ROKITANSKY has stated, "that old abscesses are occasionally infiltrated with bile and other coloring matter," has given rise to the latter declarations.

BUDD says: "In cases that have proved speedily fatal, the abscess is bounded simply by red and softened hepatic tissue; but in others it is lined by a false membrane or cyst," and that "the structure of this cyst varies very much in different cases—depending upon the general condition of the patient." Our limits prevent a discussion upon their formation. Suppuration being a simple secretory process, we rarely find loss of structure in any part of the body that has a yielding coadaptation—pressure being necessary to induce absorption of parts of the surrounding tissues, and this we make to account for pus of abscesses making its way to the surface.

A congested or inflamed liver is not thus accommodating in its structure, and where two or more contiguous spots are in a suppurative condition, the intervening portion would be liable to pressure and absorption. This seem to be a rational way of accounting for the loss of structure.

Dr. CHYLE, of Harrisonville, Va., informs your reporter that he had seen five *post-mortems*, two in Philadelphia and three in his private practice; that there was loss of hepatic substance in one, of function in three; in the other the liver appeared healthy, except so far as the abscess, which was located in the dorsal portion of the capsule. Cause of the latter case: a blow of the fist by another "darkey"—it being a negro that had thus lost his life.

This information I received in 1848, prior to the publication of BUDD's work on the liver, published in this country. BUDD gives the symptoms thus: "They are most in accordance with the descriptions usually given when the inflammation is caused by a blow, or some direct injury without. The injury is usually done to the convex surface of the liver, and the local symptoms are well marked. There is pain and tenderness in the region of the liver, and a sense of fullness and resistance under the false ribs, from increased size of the organ. The liver becomes enlarged, and if the abdomen be flaccid, and the intestines empty, its edges can be felt some inches below its natural limit. The secretion of bile may be suppressed or deficient, and patient jaundiced."

These are given for specific symptoms, and certainly they are sufficiently specific when present and referred to this locality; they are just such symptoms as we would reasonably expect in a disease of the kind, leaving out of view causes heretofore detailed.

I learn from this same author, as well as from others, that the above symptoms are not present in a majority of cases, nor can I find any other special symptoms given. The general symptoms, febrile excitation of the circulation, dark furred tongue, pain in the right shoulder, mental disturbance, high color of the urine, and lassitude are, if we except the pain referred to in the right shoulder, symptomatic of other diseases. The pain below the right shoulder has with most writers been regarded as pathognomonic of this affection as much so as pain in the knee is in morbus coxarius; yet I infer it is not as concomitant with this, as the peculiar sympathetic cough so often spoken of by authors.

LOUIS did not regard either of these symptoms as having any special value in this case, holding that they are secondary, and oftener entirely wanting than present, in this disease. I should think some import attaches to them in connection with other symptoms and marked causes. Again, in large wounds, amputations and extensive suppurations from other sources, wounds of the abdomen, grave dysentery and the like, agents in the production of the disorder, the general symptoms would not differ from those in the disease in question. So you will see that from these latter exciting, or rather prime causes—hepatic abscess may in-

sidiously supervene, and death close the case without a suspicion of its existence. JOHNSON, as quoted by BUDD, gives instances of the kind. In fact, in many of the *post-mortems* held, the malady has been found where no prior symptoms indicated its existence. Hence the necessity of bearing in mind the principal cause in this disease. I have no doubt in my own mind that many occult cases of death are attributable to this form of abscess, and that the disease is more apparently than actually rare. Jaundice will only occur when the suppuration involves the secreting portion of the liver.

This is only a connective symptom, for we may have jaundice from other causes. Under the same head may be recorded hiccoughs and vomiting. In superficial inflammation in the capsular portion, it has been very generally accompanied with pain under the left shoulder, increased by pressure on the region of the liver; but deeper seated abscess gives little if any pain. The difficulties attending the diagnosis of hepatic abscess, would be much better illustrated did space allow a few of the more obscure cases in detail. They would be interesting, if not highly instructive. They are interesting because they offer so many problems to solve, showing in their solution this same quotient, "pus absorption." To do this would require a volume of no mean pretentions.

The treatment in hepatic abscess resolves itself into this with the more rational practitioners: The plan adopted for suppurative inflammation in general is the only laudable course in this disease; but with our ignorance of the true origin of pus, or even of this form of inflammation, taking the various theories in review, from the elder HUNTER down to the present day, not excluding the chemical theory of Baron LIEBIG, I doubt our justification in praising any plan of treatment.

But taking a middle course in these vexed questions, a majority have recourse to tonics and antiseptics, with stomachics and bland laxatives, varying these to suit individual cases with generous diet, etc.

The foregoing plan appears to embody the sum total of a judicious treatment of abscess. The injudicious and indiscriminate exhibition of the various forms of mercury has, to my mind, been justly condemned by the popular authors in this disease; in fact, taking into consideration the cause thereof, I can see no indication whatever for its use in this complaint. If it is given with a view of relieving the organ of its congestive state, this could be done more efficiently by means equally as simple, and less depressing—namely, occasional emetics.

The habit of giving mercury in all or supposed affections of this organ is, to say the least, highly prejudicial. BUDD's objection to its exhibition in this particular is the shortness of time allowed for its effects. This objection is not so valid as the one of its absolute spanæmic effects upon the constitution, unless it can be shown that its alterative and revulsive action completely and more than compensates its evil effects, which, I think, experience has not yet shown.

Small and deep-seated abscesses may exist for years, whilst the patient enjoys a tolerable degree of health. Such instances are given.

The tendency of those situated more superficially is to extend and set up adhesive inflammation of contiguous parts and their contents, to make way to the external surface, or into the cavity of the abdomen or chest. If in the former of the last two named, death is the rule in consequence.

If the dorsal or convex portion of the right lobe is the seat of abscess, the chances are that it will discharge into the inferior portion of the right lobe of the lung, or make its way to the surface in that direction.

There are several advocates for opening abscesses of this kind, under the general and perhaps good rule of opening all abscesses when pus is detected. The objections to this practice in this particular case cannot be too strongly urged. We can never be certain to what extent adhesions (or want of adhesions) have taken place between the organ and the adjacent parietes; we are not able to determine between abscess of the concave portion of the liver and a distended gall bladder.

An abscess in transit, making its way to the surface, of course carries its cystic coverings with it, and were the course not tortuous, we might with impunity plunge a bistoury into it. If such a course is chosen, it is necessary to ascertain extensive adhesions before resorting to opening. This is done by marking with ink the periphery or margin of the liver, and

then moving the patient. If in this way the liver does not show that it is fixed, the operation is hazardous, and not to be thought of. In fact just at the time the operation can be done with safety, the case is far advanced toward recovery; coaxing with emollient poultices will then accomplish all that is required. Space will not allow a detail of other objections to the operation.

THE USE OF BELLADONNA LOCALLY APPLIED AS AN ANTI-GALACTAGOGUE.

By Walter B. Chase, M. D.,

Of Windham Center, New York.

Mammary abscess resulting from over distention of the lactiferous ducts is of frequent occurrence, and is alike a source of suffering to the patient and annoyance to the attendant. Every practitioner is familiar with the difficulties attending the management of the mother on the loss of her child, either on parturition or subsequently, in securing prompt and systematic removal of the lacteal secretion either by natural or artificial aids, until the functiona activity of the organ is arrested or graduallyl ceases. It also occasionally happens that the mother, in attempting to wean her child, finds the established physiological activity of the mammary gland so persistent, that secretion continues even when its natural stimulant, nursing, is discontinued, so as to be productive of inflammation and suppuration. For some years I have been in the habit of using belladonna, applied locally, for its anti-galactagogue effect, and thus used have found it of signal benefit. My method of application is as follows: I use empl. belladon.; cut out a circular piece of sufficient size to cover the breast, with a hole in the center about an inch in diameter for the nipple. To illustrate its use I give the three following as typical cases of the efficacy of belladon. locally applied in arresting and preventing the lacteal secretion: Mrs. C., multipara, æt. about 37; accouchment, October 1869; child survived but four or five days, dying from some malformation of the air passages. Was first called to prescribe for mother the day succeeding child's death; found both breasts swollen, hard, and very painful from distention and inflammation of lacteal vessels. The integument covering breasts was livid, and I thought immediate suppuration unavoidable.

I carefully applied empl. belladonna, covering both breasts; within a few hours of the application marked relief from pain was experienced. The empl. was allowed to remain several days. The inflammation gradually subsided, and there was neither formation of abscess nor further secretion of milk. Her getting up was prompt and in all respects satisfactory.

Mrs. C., primipara, æt. 21; confinement, April, 1871, at seven and half months. Fetus had been dead three or four weeks prior to labor. Applied belladonna empl. six or eight hours after labor. She experienced no secretion of milk whatever, and in three weeks was about the house apparently in perfect health.

Mrs. H., primipara, æt. about 26; delivered November, 1868; continued to nurse her child until Aug st, 1871, when she weaned it. Here the secretion continued to such a degree as to greatly extend the breast, occasioning excruciating pain, and threatening inflammation and abscess. Belladonna empl. was applied over both breasts with the happy effect of relieving the pain in two or three hours, after which no further secretion took place.

I have never failed in arresting the lacteal secretion by this method, when the plaster has been of good quality and its adhesion to the integument perfect. It was a question in my mind whether the relation between the lacteal secretion and the physiological diminution in the tissues of the uterus following labor, was of such a nature as to unfavorably effect the health of the person were this function prevented or arrested; and I am happy to state, so far as I have observed, I could discover no injurious results.

During the period of *allaitement maternel*, I consider the local application of belladonna of doubtful propriety, when used in threatened mammary abscess from over-distension of the lacteal vessels, owing to the danger of absorption into the mother's system, and its toxicological effect being produced upon the child through its mother's milk. One such case of poisoning has been reported within the past few months.

While proper precautionary care will almost always enable us to avoid mammary abscess from the causes already mentioned, they are

nevertheless frequently met with from neglect or lack of knowledge of either the attendant or the patient. I consider belladonna a valuable therapeutic agent in cases like those here narrated, and I ask such members of the profession as have not thus used it to give it an impartial trial.

MEDICAL AND SURGICAL PRACTICE.

By Fred. E Horner, Jr., M. D.,
Of Salem, Va.

During the past year the writer assumed the position, through the columns of the Reporter, that the cycle for the return of epidemic fever in the Southern States had recurred. The history of this form of disease in that section of our country confirms the correctness of this observation. Intermittent, remittent and yellow fever have been most prevalent, and the last named have proved to be very violent and fatal in the tide-water and paludal districts. It is a singular coincidence that the fevers which now prevail in summer, and variola so common during the present winter season in the northern latitudes, were common in the United States in an epidemic form in 1827 and for several succeeding years.

These fevers generally occur in alluvial level districts interspersed with swampy spots in which the water courses usually head. They are of marsh origin, partake of the laws of periodicity, are alike limited in their course, and are controllable by the various preparations of cinchona. As in the exanthematous and congestive fevers, the temperature of the body is increased sometimes as high as 112° in warm climates.

In Gloucester county, Va., and on the borders of Chesapeake bay nearly every third person appears to have suffered from malaria during the late summer. Unluckily for many they are wont to buy a certain quantity of quinine, which fails to cure the ague because taken in the form of simple powder, and is insoluble without the aid of acid. sulph. comp. Some add whisky to the quinine. In one instance a young man informed me that he had taken four ounces of quinine without any relief, and he had acquired a taste for ardent spirits, by reason of the combination with whisky. Farther south, in Louisiana particularly, many have died in the stage of congestive chill.

The timely use of mercurial laxatives, mild salines and quinine, and regulation of the diet, rarely fail to relieve fever of malarial origin. During the present epidemic a relapse not unfrequently occurs in the winter or spring season, due to an imperfect cure, the extremes of cold weather and high electric tension of the atmosphere—the latter being a prolific cause, also, of the most painful nervous symptoms, especially among that class of sufferers who complain of constipation of the bowels and neuralgia.

Jaundice, in this locality since the late war, has in several instances been the precursor of a fatal attack of malignant cancer, attacking either the liver, stomach, face or breast. Two of the liver, two of the stomach and one each of the face and mamma have occurred in my practice within the past five years. Malnutrition, the lack of proper food and hereditary predisposition contributed to the production of these diseases, not one of which proved to be amenable to treatment. Suitable local remedies were employed, chloral hydrate internally and anodynes in the hypodermic form were used with great advantage to the patient. These limited data appear to furnish an exception to the rule which holds in England, viz.: that "cancerous disease is of more frequent occurrence among women than men." Thus it has been found that of the 11,662 persons who, during a period of five years, died from it, there were 8,746 women, and 2,916 men.

My practice presents an example of perforation of the bowels and walls of the abdomen, by the presence of an ascarus lumbricoides in the intestines, causing ulceration and abcess, and the subsequent escape of these parasites. It occurred in the person of a negro boy, who was neglected for three weeks, and had been treated in *ante bellum* times by poultices, etc., for ordinary abcesses, by his master, until the true cause was developed, and a physician called in. An additional interest connected with this case is, that I have had under treatment recently the child of the boy now developed into manhood—affected by worms. When suitable treatment with calomel and ol. chenopod had been instituted, this child discharged the worms in large masses and in great numbers.

Prof. Wood, in his "Practice of Medicine," says: "It has been supposed that worms are

capable of piercing the intestine, and escaping through its parietes. As they have sometimes been found engorged in small openings in the coats of the alimentary canal, and even loose in the abdominal cavity. They have also been discharged with pus, from external abcesses, connected with the bowels."

An easy method to reduce a dislocation of the humerus, I have found to be to require an assistant to place a large key or dumb bell, wrapped with a roller, in the axilla of the limb affected, and to clasp the patient round the body, while the surgeon draws forcibly the arm downward toward the trunk of the body, and, then, after suitable traction and elevation, restores the joint to its socket. When other methods have failed this has proved successful. My friend, Dr. BENJ. LEE, of Philadelphia, did me the favor, several years ago, to explain his method in the mechanical and therapeutical treatment of tuberculosis of the spine in children. I have never failed to improve the condition of this neglected class of patients, and at the same time diminish the deformity by the careful application of the various mechanical appliances recommended by this distinguished surgeon.

UNIVERSITY OF PENNSYLVANIA.

Service of PROF. D. HAYES AGNEW.

[REPORTED BY DE F. WILLARD.]

Hernia.

Several cases of rupture, which have come in this morning, give me the opportunity of making some remarks to you upon the important subject of hernia, using these cases as illustrations.

Hernias, or protrusions of the abdominal contents, may take place in various directions, and are named, from their points of exit, umbilical, femoral, ventral, sciatic, diaphragmatic, etc., etc.

The most common form in males is the spermatic or inguinal, which, when complete, becomes scrotal; in females, the femoral.

Let us take an inguinal hernia. It is "scrotal," as I have said, when it is fully formed; it is "concealed or incomplete" when it is still in the canal, not having emerged at the external abdominal ring; it is "direct" when it comes through the abdominal walls against the external ring, or inside the deep epigastric artery; it is "indirect" when it traverses the canal, having entered to the outside of the above mentioned artery. What is the anatomy of this region? There are the coverings of the abdomen with which you are all acquainted, the skin, superficial fascia, external oblique, internal oblique and transversalis muscles, transversalis fascia and the peritoneum.

The testicle was formed beneath the kidney, but at the seventh month of fetal life, descended to its final position in the scrotum. Its route was through the abdominal walls, and although nature afterward sealed up the parts as well as possible, yet a weak point still remained, into which an intestine may insinuate itself at any time. When nature does not close these openings we then have a "congenital" hernia, but all others are "acquired."

This weak point in the transversalis fascia, then, we call the internal abdominal ring; in the aponeurosis of the external oblique muscle, the external abdominal ring; and the passage way between them, the inguinal canal. The external ring is strengthened around its inner and outer margin by a thickening or aggregation of its fibres, just as a button-hole is supported, and these two processes are called the pillars or columns of the ring. Between these columns there is thrown in a mass of connective tissue to fill up the space, and certainly this could receive no more appropriate name than "inter-columnar fascia." This ring is situated above and to the outside of the symphysis pubis. The internal ring is midway between the symphysis and the anterior superior spinous process of the ilium, two inches from the external ring, and three-fourths of an inch above Poupart's ligament. It is not, properly speaking, a ring, but is merely a depression or thinning of that connective tissue which binds the transversalis muscle to the peritoneum, the transversalis fascia. It receives additional support from the overlying fibres of the internal oblique and transversalis muscles. The inguinal canal is the space between these two rings, and transmits the spermatic cord in the male and the round ligament in the female. It is bounded in front by the tendon of the external oblique, superficial fascia and skin, and also at its posterior portion by some of the fibres of the interior oblique as they arch over from the outer part of Poupart's ligament to be inserted into the symphysis; behind by transversalis fascia and the united or conjoined tendon of the internal oblique and transversalis muscles; above by these before mentioned arching fibres of the internal oblique and transversalis; below by Poupart's ligament.

Now this is the route taken by a hernia, and it is perfectly plain to see what its coverings must be. They are merely the structures making up the walls of the abdomen, pushed before it just as you would push your finger through an elastic membrane and elongate it into the form of the finger of a glove; protruding then from within it must take, first, peritoneum, forming its "sac;" next, the tissue filling the internal abdominal ring—the transversalis fascia, which

being delicate, yields, and is prolonged finally into a funnel-shaped pouch, which is called infundibuliform fascia. Now it meets the next structure, which is the transversalis muscle, and this, together with the internal oblique which is closely connected with it, is also pushed down and a few of its fibres continued over the pouch—forming what is known as the cremaster muscle. It is now in the canal, and meets no resistance save the separation of the muscles, which it easily accomplishes. It then reaches the external abdominal ring, which it finds closed by the intercolummar fascia, but which it takes before it. This was at the opening in the tendon of the external oblique, so that we have no other coverings save superficial fascia and skin, and these offer no resistance.

It is now at the surface, and we will sum up its coverings. Peritoneum, infundibuliform, fascia (obtained from the fascia transversalis), cremaster muscle (from the transversalis and internal oblique muscles), intercolumnar fascia (in place of the external oblique muscle), superficial fascia, skin—six in all. The infundibuliform fascia will not constitute a covering when the protrusion has been rapid, since it gives way quite easily; but when gradual it may be elongated.

In the other variety, *i. e.*, direct inguinal hernia, the intestine (or omentum) takes a little different route, that is, it comes through the external ring from behind, without passing down the canal; but its coverings are only slightly different. It has peritoneum and transversalis fascia as before, but when it comes to the next layer, being so near the median line, it no longer finds the fibres of the transversalis and internal oblique muscles, but their aponeurosis, which is known as the "conjoined tendon," so that it now takes this tendon in place of fibres, which were called cremaster muscle. The external oblique muscle is the next layer, but it has an opening in it which is closed by the intercolumnar fascia, and now the coverings are the same as before. The only difference is, then, in having conjoined tendon in place of cremaster muscle; yet I believe that this tendon is rarely a covering save theoretically, for it is so tough and dense that a hernia would much more readily pass downward a little, and then beneath its lower border, coming up again to the ring, than it would pass through its substance. Practically, then, it is not a covering.

Now you ought to understand the anatomy of a hernia thoroughly, if you have followed this demonstration carefully. How will you recognize such a protrusion of any of the abdominal contents? First, by the location of the swelling, by the manner of its formation, by a slight sense of pain, by its increase in the erect posture and disappearance in the supine, and especially by the succussion imparted to your hand when the diaphragm is forcibly drive downward by a sudden cough. It is also doughy to the feel, and not as decidedly fluctuating as an abscess or bubo, which might occupy this region.

When the tumor has reached the scrotum it might be confounded with hydrocele and varicocele, but the former of these commences from below, is pyriform in shape, is more elastic, rebounds when pressed back between the thighs, and is translucent. Varicocele is much more knotted and irregular, and although it disappears when the patient lies upon his back, and reappears upon rising, yet these actions are much more gradual, and, moreover, a finger placed upon the external ring will entirely control a hernia, while it will have but little effect upon the varicocele.

The mistake should never be made, yet you will often find varicocele patients wearing a truss for hernia.

What are the dangers in hernia? That the contents may become constricted or strangulated by swelling or contraction about the neck of the sac; and it is because this danger is ever in operation that these ruptures cause so many deaths in our population. It should, then, be prevented from descending, and this is accomplished by means of an *accurately fitting* truss. There are but few cases which cannot be benefited by such an instrument, and when it has failed to accomplish this purpose, I have almost invariably found that the adaptation was faulty.

A temporary truss may be made with compress and roller, but when intended for constant use, they are made by regular instrument makers of steel or rubber springs with pads of deal wood, cork, or leather stuffed with hair. The one which I prefer is the hard rubber one, since it is very light, can be readily cleansed, permits the patient to bathe himself without removal, is perfectly non-absorbent, lasts a lifetime, and by slight heat can be altered into any required shape. Its only objection is that it is more costly, and that in lean, old people its non-absorbent property renders the underlying parts more apt to become macerated and sore; yet even this might be obviated by a temporary sheath of leather. The steel spring trusses covered with leather, must absorb dirt and perspiration, so that they becomes very foul after a time. The wooden pads are preferable on this account, and they are just as comfortable after a few weeks. The pad should be oval and should fit accurately upon the canal at the external ring, and it is not advisable to have it adjustable, for the patient may attempt to regulate it himself, and do great mischief.

See that a hernia is completely reduced before you apply a truss, which should always be done in the supine posture; adjust accurately, and then, seating him upon the edge of a chair with his limbs slightly separated, compel him to cough. If it does not make its appearance, you may know that the truss fits.

Once on, the hernia should never again be allowed to descend, but the instrument may be

removed every night and thoroughly cleansed while the parts are freely rubbed with soap liniment or alum and whisky. It must be reassumed *before rising* in the morning, for after a time the tendency to strangulation seems to be greater if the gut is allowed to escape, and the patient should always have an extra truss on hand for use in case of breakage, etc.

Of course it is not to be expected that a cure will be effected in adults, but strangulation may thus almost certainly be prevented. An ill-fitting truss, however, may do great harm by converting a reducible hernia into an irreducible one. In children under three years of age, all hernias may be said to be curable by this instrument, and even in youth this happy result may sometimes be accomplished. How soon should you put on a truss in cases of congenital hernia? As soon as it is discovered, and the sooner the better the chance of cure. Wash and stimulate the parts, and the compression can do no harm if it is carefully watched. While speaking of this subject, let me digress a moment to speak of the umbilical hernias so often met with in infants, and which are perfectly curable by well-adjusted pressure. A simple compress may be tacked to the binder, or, what is better, a piece of cork covered with leather, and held in position by adhesive strips. The umbilical trusses of the instrument makers are faulty and injurious, for the little conical elevation, which is made to fit into the opening, must, by its pressure, only tend to enlarge the ring, and render the condition worse than before. It should be flat.

An irreducible hernia is one in which the contents, whether intestine, omentum, or both, cannot be returned to the cavity of the abdomen. This may be temporarily occasioned by the presence of gas, or feces, or by inflammatory changes at the neck of the sac, or by adhesions between the contents, or by an intestine passing through a rent in the omentum in cases of entero-epiplocele—or by injuries.

This form is likely to become inflamed or strangulated, and its reduction should be immediately attempted, but this should not be too long continued, for fear of injury to the sac or its contents. If it will not disappear, it is better to wait (provided symptoms of strangulation are not present), and put the patient upon his back, apply a few leeches over the cord, followed by cold lead water and laudanum to the tumor, with one-half grain of opium every three hours, internally. If no urgent symptoms arise, it is best to wait until the sensitiveness of the part has disappeared, when taxis may be again attempted. In making taxis, the greatest gentleness is always to be used, the precaution being taken to first draw the tumor well down away from the constricting agent, in the line of the canal, so as to elongate the mass, and thus diminish its caliber. The pressure and various manipulations should all be made with a definite aim and object in view, so that no unnecessary handling shall be required. Should it remain unreduced, however, and the constricting band become tighter, strangulation will follow, the circulation of the part be seriously impaired, and if not relieved, gangrene and sloughing must ensue. Now the case must be carefully watched, and if the symptoms become severe, relief must be immediately applied. The prominent symptoms are, local sensitiveness, griping pains in the umbilical region, tympanites, tenesmus, constipation and nausea.

These continue until vomiting sets in, which is persistent until, if no feces pass per anum, it may become stercoraceous. This vomiting may cease after a time, but should only be regarded as favorable when the other symptoms are also improving. The constipation is obstinate, unless there be a previous accumulation in the lower bowel or when the hernia is simply omental. Pain in the tumor may finally cease, but this is a dangerous, rather than a favorable sign, for it is indicative of gangrene, in which case the pulse may become feeble, the surface cold, and the countenance anxious. The tumor when strangulated does not receive the succussion of the diaphragm, and this fact will enable you at times to decide upon the seat of stricture by observing closely the point at which such motion ceases to be perceptible.

As soon as these symptoms make their appearance taxis should be thoroughly tried (the patient being thoroughly etherized) for half an hour; gravity should be also brought into use by elevating the hips of the patient or by placing him upon his shoulders and knees. This failing, your course will depend upon the severity of the symptoms; if they are not dangerous a delay may be safe. Place the patient in the recumbent posture, with the thighs flexed and the hips elevated, while the tumor is freely surrounded with ice bags, and the lower bowel washed out with an enema. Opium should also be administered in sufficient quantity to produce quietude, say one-half grain every one or two hours, in combination, if you choose, with one thirty-sixth grain of ant. et pot. tart.

If vomiting be persistent the rectum may be used. Under this treatment many hernias will slip back into the abdomen of their own accord, and the symptoms disappear. Should this not occur and the symptoms remain, especially if vomiting become stercoraceous, no time is to be lost, for I am satisfied that many lives are sacrificed by the hesitancy and procrastination of surgeons. Not that I would to advise you to hasten to the operation in every case, but simply that you may be on your guard against delay which may be fatal. Herniotomy is an operation with which every physician should be acquainted and fully competent to perform at any moment—since patients might easily die, or intestines become gangrenous, while surgical aid is being summoned [illegible] eht distance. It is an operation

easily performed, provided the anatomy of the parts is recalled, and I trust none of you will permit patients to die unrelieved, provided you are called early in the cases. In many instances, violent attempts at reduction have probably been made by the patient himself, and you will find the case one of inflamed strangulated hernia requiring immediate relief. The operation, to be of service, must be done before gangrene commences. The incision is to be made through skin and superficial fascia, in the line of the canal and directly over the prominent portion of the tumor.

There are no arteries here except the superficial epigastric, which if cut can be ligated. The inter-columnar fascia is the next covering, as you will remember, but you must not expect to find these layers perfectly and accurately stratified, for in old cases these parts have become so thoroughly agglutinated and bound together, that they have really become as one, and you will be able to recognize no special structure until you come to the peritoneum, which is always the sac. You may see some of the cremasteric fibres, however, but the transversalis or infundibuliform fascia is seldom distinct, even if it exists at all. Even the peritoneum itself may be so altered and thickened as to be difficult of recognition, but its tense, smooth, semi-translucent appearance, and arborescent vessels differing materially from the super incumbent structures, will be your guide. You will cut down slowly, therefore, until you come to the sac, lifting each layer carefully upon the director and dividing it with the scalpel. The seat of stricture may be at either of the rings or in the neck of the sac itself. If it is at the external ring you may be able to reduce the hernia without opening the sac at all, and this should always be attempted provided you are sure that the contents have not become gangrenous from too long incarcenation. You will then carefully pass your finger up to the ring, and having the nail beneath its edge, slide up a probe-pointed hernia bistoury along the palmar surface, keeping the edge slightly pressed against and concealed by the finger, until it is under the constricting band. Its edge will now be turned against this tense band, and the retained finger used to gently press upon its back until you hear the fibres giving way. It is sometimes recommended that a grooved director be inserted, but I believe that the nail is a much safer instrument. It is not necessary to make an extensive incision into the band, but merely a slight cut, for the finger can accomplish the rest by dilatation or tearing to a sufficient extent to permit of the reduction by taxis.

Should this be ineffective however, and the constriction exist in the neck of the sac, or if there is any doubt as to the vitality of the contents, a small portion of this sac must then be pinched up and carefully nicked, just sufficiently to permit of the introduction of a grooved director, when it can be freely slit up, and the contents examined. The finger is now passed up and hooked beneath the constricting band, wherever it may be, which is divided as before described. In many cases it will be at the internal ring, but you must remember that this ring will not be at the normal distance from the symphysis, for it has been dilated and dragged down by the long distension so that it has approximated the external one quite closely. The spermatic cord is usually behind the sac, the epigastric artery behind and to the *inside* in indirect hernias; to the outside, in direct. This artery is the only one which is in danger of being injured, and to avoid this danger, it is well to use a knife which is not very sharp, so that it may slip before it and make the incision but slight and *upward* and outward, in the line of Poupart's ligament. The question of reduction will now depend upon the condition of the contents, and this must be determined by the color and general appearance.

In the first place, the omentum and intestine should be carefully separated and untwisted since if returned *en masse* the omentum might still constrict the bowel subsequently. If a minute portion of the intestine only is gangrenous, it may be picked up and ligated, both ends of the ligature being cut off, and permitting it to ulcerate its way into the intestine at its leisure. The omentum being of lower grade of vitality, and receiving a less supply of blood, should not be returned when in a doubtful condition, since it is very apt to slough. The gangrenous portion may, however, be ligated and cut away, the ligature being left hanging out, and the omentum made to heal in the wound. Even if the omentum is indurated and thickened, it should not be reduced, since it is likely to set up peritonitis. The intestine, however, will frequently live even when congested, but if gangrenous to any great extent, it should be slit up and allowed to remain in the wound, after freely dividing the stricture, the only endeavor then being to form an artificial anus without inducing peritonitis.

Any adhesions that may exist between sac and contents, or between contents themselves, must be carefully broken up, great caution being used to prevent tearing of the viscera.

Reduction being deemed advisable then, the opening already made is enlarged with the finger, and taxis gently applied until everything has passed within the internal ring.

The wound is now to be closed with interrupted sutures and compresses and spica bandage applied. The patient is to be kept perfectly at rest, and sufficient opium given to keep bowels and constitution perfectly calm and quiet for six or eight days. After this time the bowels may be gently opened by a small dose of castor oil, assisted by a full enema. Liquid diet only should be used, consisting principally of milk and beef essence.

After five days there is but little danger from peritonitis. Should this occur, however, at any

earlier date, turpentine stupes should be immediately applied, followed by cloths wrung out in hot water and covered with oiled silk. If there is much tympanitis it is better to give a turpentine injection on the second or third day, and even a little castor oil rather than permit the flatus to remain. Leeches may be applied to the part and the opium, increased; in short it should be treated as any other peritonitis. Of course this patient must ever afterward wear a truss.

Medical Societies.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

[REPORTED BY W. J. PURCELL, M. D.]

At a recent meeting of the association Dr. ROBT. BARRY presented a case of unusual interest, the history of which is as follows:

Foreign Body in the Air Passage.

On the first of June a gentleman, while at dinner, received a piece of bone into his mouth, along with a spoonful of soup which he was eating. There being a large company at the table, he did not like to remove the bone from his mouth, so made an attempt to swallow it. This was followed by symptoms of strangulation of so severe a nature as to necessitate his immediately leaving the table. After gaining his room he made several violent attempts to eject the bone, but without success. It seemed, however, to change its position, as he experienced great relief. A short time afterward symptoms of discomfort again arose in his throat; so, improvising a probang by tying a bit of sponge to a flexible stick, he stood up before the mirror and succeeded in pushing it away *somewhere*, as he felt no longer any disagreeable indications of its presence.

In the course of a few weeks after this occurrence his general health began to decline, he lost strength and flesh, a troublesome cough set in and he suffered much from night sweats. Having always been a perfectly healthy and robust man prior to this time, with no history of phthisis in his family, he refused to believe that his lungs were affected, but attributed his illness to a cold which would wear away in time, and declined to consult a physician.

At length he was suddenly seized with an acute attack of some kind. He had severe pain in his right side; this however did not confine him to the house; he still kept about as usual. The attack was probably one of pleuro-pneumonia. Finally, Dr. Barry was summoned to see him. He found him presenting all the signs of phthisis, and on examination found a considerable cavity at the apex of the right lung. The patient evidently did not attribute his condition to the swallowing of the bone so long before, for at this visit he did not mention the circumstance to the doctor at all, or only to casually speak of it. At a second visit, however, made a few days later, he found the patient sitting up and much more cheerful than at his previous visit.

He then produced the piece of bone, saying that "he had now got rid of the cause of all his trouble." The bone measured about half an inch in diameter each way, and was very rough and sharp. It had been expelled by coughing.

The chief question of interest now came up. Where had this piece of bone been located during the seven months which had elapsed since it was swallowed, and what connection was there between it and the present condition of the right lung? Was it lodged just above the rima glottidis, until he pushed it through with the probang into the trachea, and had it then descended into the right bronchus, and so worked its way into the lung? or had it been in the œsophagus and ulcerated its way through into the air-passages, or had it been in the stomach all this time?

The case was a curious one and afforded a good field for investigation; and what was the probable prognosis?

Dr. Blume thought it strange that there had not been more spasm of the larynx at the time the bone was swallowed. He thought it not improbable that the man would now recover his previous good health and freedom from all tendency to phthisis. His present hopefulness, etc., were all in his favor. He remembered a case of a man who had a cavity in one lung, who almost entirely recovered. The treatment which improved nutrition would, he judged, be most appropriate.

Dr. Skiff thought that if the bone were in the stomach it would show evidences of the action of the gastric juice; while if in the air passages, the laryngoscope would discover evidences of irritation. He was inclined to think it had been in the stomach, for in the act of swallowing, the epiglottis would of course be closed, and the bone could not have passed into the larynx. In the case of Mr. Brunel, the English engineer, the case was different; here the epiglottis was open and the coin passed directly into the larynx. He did not see how the epiglottis could be open when the soup was passing over it.

Dr. Barry said it could not have been lodged in the œsophagus, as it would have interfered with the act of deglutition afterward; and had it passed into the stomach it would have been dissolved in the gastric juice or voided in the stools. Dr. Raphael took this view of the case, and said that it would be almost impossible for so small a bone to remain long in the stomach and not pass through the pylorus. He remembered a case of a man who swallowed a fish bone which passed into the bowel, and first attracted attention by the pain it caused in passing through the rectum.

The discussion was participated in by all

the members present, and the prevailing impression was that the bone had been lodged somewhere in the air passages, though a difference of opinion existed as to precisely where or how.

Chloral Hydrate.

Dr. Wm. Newman read a paper on this substance, being chiefly a record of cases in which he had administered it successfully. In a case of delirium tremens he gave twenty grains every half hour, with the happiest result.

Was called to attend a man æt. 40, suffering from acute rheumatism, unable to move; had no sleep for four days; pulse, 130; gave chloral hydrate, twenty grains, combined with one grain extract of colchicum every two hours, until good sleep was procured; afterward continued the colchicum alone, until the bowels were freely moved.

Gave twenty grains to a lady almost mad with neuralgia in the head, every hour until she slept; woke up in the morning perfectly free from pain.

In painter's colic it is a valuable remedy. Gave forty grains in one dose; in half an hour the pain was completely gone.

In dysmenorrhea, the doctor gives chloral in combination with belladonna, twenty grains of the former to one-sixth grain of the latter; in one case the patient slept seven hours, and when she awoke the catamenia was flowing freely without any pain.

Used it in puerperal mania; had a case of difficult protracted labor, in which the pains were exceedingly severe; gave twenty grains every half hour, and kept the patient under its influence during labor with complete success.

The doctor, however, advises caution in the use of chloral, and would by no means advise the use of it indiscriminately. Several physicians condemn it altogether, and one leading surgeon in this city has reported several deaths from the use of it.

Dr. Franklin mentioned a case of strangulated hernia in which all the efforts at taxis proved ineffectual; gave the patient one drachm of chloral in one dose, and after an hour twenty grains, repeated every half hour until the patient sank into a deep slumber. The parts were relaxed so thoroughly that reduction was effected at once.

The action of the drug is very similar to morphia or opium, except that it leaves no after trouble or any bad results. He has used it successfully in neuralgia. Its physiological effects are productive of sleep, insensibility, relaxation of muscular fiber, and reduction of temperature. The medicine of course being indicated when any such result is desirable.

Its action appears to be first on the cerebro-ganglionic cells; secondly, on the spinal ganglion, and thirdly, the ganglion of the heart. The causes are chemical, being the slow formation of chloroform in the blood, inducing increased fluidity and alkalinity. Its final action is on the heart.

Dr. Thorne says chloral is contraindicated where the blood is in a toxaemic condition; in this case all anæsthetics are dangerous, especially when the blood is charged with foreign matter.

Dr. Blume does not agree with Dr. Thorne as to the latter statement. He has seen chloroform administered in convulsions from uremic poisoning with benefit. He does not consider disease of the heart as contraindicating the use of chloroform, and quoted Dr. Simpson's statement, that patients had been brought into the hospital in England before chloroform was used, who died from the administration of small doses of medicine. Dr. Burke thinks chloral a safer remedy in delirium tremens than opium, and always gives it now in preference. every two hours until sleep is obtained. Gives it in neuralgia, and when the pain returns gives quinine also.

Dr. Rapnael has used hydrate of chloral in various cases with a doubtful result. In some the action of the medicine was decidedly beneficial, in others the result was negative. In dysmenorrhea, and convulsions, and delirium tremens, he found it very useful, but the quantity given was enormous, and he thinks such large doses very dangerous.

The doctor recommends a combination of chloral and chloroform, in the proportion of from five to ten drops of the latter to a drachm of the former, with syrup of ginger to flavor it, viz.:

℞.	Chloral hydrate,	ʒij.	
	Chloroform,	gtt. xx.	
	Syrupi. zingib.,	℥ij.	
	Aquæ.,	℥ij.	M.

Sig.—One teaspoonful.

The medical profession is losing confidence in the drug and do not prescribe it now as frequently as heretofore. He has used it externally in cases of extreme facial neuralgia with a highly favorable result, and thinks it safer and more beneficial used in that way than when taken internally.

Small-pox in Berlin, etc.

We learn from the *Allgemeine Medicinieche Central Zeitung*, Dec. 2, 1871, that the small-pox is epidemic in Berlin to such an extent that daily reports were ordered. In one day 67 persons were reported taken sick with it, and 20 deaths. In Gotha, with a population of 20,000, the new cases were 25 daily and the percentage of deaths very large; in one month over 300 fatal cases.

——A woman at Northampton gave birth to four children recently, and at last accounts the mother and all of the children were doing well. This makes seven children which she has had in thirteen months.

EDITORIAL DEPARTMENT.

PERISCOPE.

The "Cottage System" for the Insane.

Dr. KIRKBRIDE, of Philadelphia, notices this system as follows in his last report of the Pennsylvania Hospital for the Insane:

The idea of having "groups of houses for insane men and women near each other," with entire freedom of ingress and egress, will hardly commend itself to many of those who know much of the peculiarities of not a few of the insane, or to those who think of this arrangement as applied to individuals in whom they feel a particular interest, especially if these be their wives or daughters, mothers or sisters. In other reports I have stated my views, derived from a practical test of both plans, in favor of a real separation of the sexes, among the insane. The true mode of securing to the male patients the humanizing influence of female society is not to have them associate with women who are also insane, but to have employed in the male wards of every hospital just as many ladies of suitable age and character, with cultivated minds and attractive manners, as may be deemed desirable.

There is something very attractive to those who have not given this subject much consideration, in the title of the "family" or "cottage system," as distinguished from that of the hospital proper. And yet with a complete classification a well-arranged hospital has a separation into families practically about as distinct as it would be in detached cottages, and yet retains many advantages that result from their closer proximity to each other. This is especially so in regard to all the modes provided for occupation and amusement, and, above all, for supervision.

It has been proposed to have as many as forty patients in one of these families. It might reasonably be objected that this number, with the necessary domestics, even in private life, would make a family of rather awkward dimensions, and bear little resemblance to the ordinary family circle. Even one-half this number would be a large family, and the fourth of it, unless composed of persons of congenial feelings, might be more than was agreeable, especially when removed from the proper kind of supervision.

The great charm of the real "family" does not come, however, from the small number of individuals in it, but from the relations of those who compose it—parents and children, wives and husbands, and friends, with a community of interests, and not from being a collection of strangers, with separate interests and feelings, each intent on his own gratification.

This proposed "family system," no matter what size is adopted, must necessarily be much more like an invalid boarding-house, than a family in the proper sense of the word. The great objections, however, to the whole arrangement, are that you take away the facility of supervision—which is sure to be more or less neglected, according to the character of those who manage the establishment—responsibility is shifted from officers to subordinates—and these often require as much supervision as the patients themselves—while the risks of accidents of various kinds, especially of escapes, personal injury, and of fire, are greatly and unnecessarily increased.

My own experience with cottages and detached buildings, even at very short distances, long since led me to the conclusion that no building to be occupied by patients should be so far removed from the main structure as not to be connected with it by a covered way, well lighted at all times, and comfortably warmed in winter.

I have never been able to discover, in these proposed changes, any advantage for the patients that could at all compensate for the positive advantages, nor have I been able to learn how there was to be, from such an arrangement, any diminution of restraint, increase of comfort, or economy, either in first cost or subsequent management. The first, if attained at all, could be only by dispensing with what ought not to be dispensed with, the latter by placing the patients under the almost absolute care and control of those who could hardly be regarded as specially fitted for such a responsibilty.

A New Method of Plugging the Posterior Nares.

Dr. HENRY MANFRED late Surgeon 22d Ky. Inf, Cincinnati, O., writes to the Cincinnati *Lancet and Observer* of a case of epistaxis. I tried injections of Monsel's salt, sulphuric acid, nitrate of silver, and others, "*et id omne genus*," and applied ice locally, with plugging of the anterior nares; but all was alike futile. The unfortunate fellow had a *hemorrhagic diathesis*, and *would* bleed in spite of all these remedies perseveringly applied; he was, in consequence, getting weaker and must soon die. But the blood would still percolate from the floor of the posterior nares into the stomach, from which it was ejected by vomiting. What was to be done? The hospital had no instrument among its supplies for plugging the posterior nares, and before one could be procured from Cincinnati the man would be dead.

Necessity is the mother of invention. While racking my brains in order to meet this emergency, my eyes fell upon a pair of army

stogies, under the bed, with leather laces. The idea at once struck me that this was the very thing that I needed, and quick as thought I proceeded to execute it, by pushing the leather thong carefully along the floor of the right anterior nares until the end protruded through the posterior opening, trailing upon the epiglottis and producing cough; this loose end was secured by the forceps and drawn out through the mouth, and after attaching thereto pledgets of lint saturated with astringents, it was drawn back again, until the right posterior nares was effectually plugged and tied in front; the same process was repeated with the left posterior nares, and in half an hour the hemorrhage was stopped. It gave me intense satisfaction to finally succeed in plugging the right and left posterior nares, by such a simple though effective instrument, and in conclusion, I can heartily recommend this plan to any of my medical friends who may be similarly situated, from its simplicity, effectiveness, and practicability.

Traumatic Tetanus Treated with Chloral Hydrate and Electricity.

Dr. HAMILTON GRIFFIN details the following case in the *American Practitioner:*

On the 19th of July I was called to see Margaret Johnson, aged twenty-one years, mulatto, occupation laundress, constitution very robust; found her suffering from frightful tetanic spasms, with complete opisthotonos; the jaw firmly locked, the muscles about the jaw perfectly rigid, with risus sardonicus These spasms occurred every ten minutes. During the interval the patient was enabled to open the mouth far enough to allow a teaspoon to be inserted between the teeth, but the abdominal muscles were corded and painful. She also complained of severe pain at the ensiform cartilage. Ordered chloroform to be administered by inhalation.

Inquiry elicited the following history: On the 18th day of June she stepped upon a piece of glass, which inflicted an incised wound about three-fourths of an inch in length, and about the same depth, on the inner side of the plantar surface of the left foot. This wound suppurated, and continued painful until July 10th, when Dr. W. T. Owen was called to see her, and found her jaw stiff; tonic spasms extending to neck, abdomen and back. During the spasms all the muscles in these regions were involved. There occurred risus sardonicus. The muscles most firmly contracted were the sterno mastoid, rectus abdominalis, and obliquus internus. There was no febrile disturbance, but she complained constantly of pain at the ensiform cartilage and in the right inguinal region. Dr. Owen ordered her to take one-half grain of calabarbean every half hour until she had taken four grains. This treatment produced no effect. He then ordered twenty-grain doses of chloral hydrate every four hours while awake. This treatment, with flaxseed and opium poultices to the wound, produced muscular relaxation and relief of pain.

July 17th, Dr. Owen discharged the patient for disobedience of orders and neglecting to take her medicine.

July 20th, having heard from Dr. Owen of the beneficial results which followed the use of chloral, I ordered fifteen grains, combined with one-fourth grain muriate of morphine, every four hours; chloroform inhalations to be used during spasm.

July 20th, six P. M., pulse and temperature remain normal; spasms occur every six hours; muscles slightly relaxed, but opisthotonos complete during paroxysm.

July 21st, called in Prof. J. W. Holland, who applied the continuous galvanic current by means of Stohrer's battery. The current produced muscular relaxation and relief from pain in fifteen minutes.

July 22d, pulse and temperature normal; no spasms since last visit; pain as before; mouth opened one-fourth inch with great difficulty. The chloral, morphine and galvanism were continued for several days, when the patient was discharged cured.

I have seen during the last fifteen years thirteen other cases of traumatic tetanus, all of which proved fatal; but in every case the tetanic symptoms came on in a few days after the reception of the wound, and were violently acute from the commencement. The difference between the case in this report and the fatal cases is that tetanus did not make its appearance until twenty-two days after the reception of the injury, and then it began in a mild form; no opisthotonos being observed until nine days after tetanic symptoms occurred. It is my opinion, based on a study of these cases, that where tetanus comes on in a short time after the reception of an injury, where it assumes a violent and acute form, the patient will die in almost every instance. Where tetanic symptoms are delayed a considerable time, and on appearance are of a mild or subacute form, the patient will almost invariably recover.

The Inconsiderate Prescription of Alcoholic Liquors by Physicians.

The following curious document, signed by three hundred of the leading physicians of London, appeared in the papers of that city just before Christmas:

"As it is believed that the inconsiderate prescription of large quantities of alcoholic liquid by medical men for their patients, has given rise, in many instances to the formation of intemperate habits, the undersigned, while unable to abandon the use of alcohol in the treatment of certain cases of disease, are

yet of opinion that no medical practitioner should prescribe it without a sense of grave responsibility. They believe that alcohol in whatever form should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past. They are also of opinion that many people immensely exaggerate the value of alcohol as an article of diet, and since no class of men see so much of its ill effects, and possess such power to restrain its abuse, as members of their own profession, they hold that every medical practitioner is bound to exert his utmost influence to inculcate habits of great moderation in the use of alcoholic liquids. Being also firmly convinced that the great amount of drinking of alcoholic liquors among the working classes of this country is one of the greatest evils of the day, destroying—more than anything else—the health, happiness, and welfare of those classes, and neutralizing, to a large extent, the great industrial prosperity which Providence has placed within the reach of this nation, the undersigned would gladly support any wise legislation which would tend to restrict, within proper limits, the use of alcoholic beverages, and gradually introduce habits of temperance. George Burrows, M. D., F. R. S., President of the Royal College of Physicians, Physician Extraordinary to the Queen; George Busk, F. R. S., President of the Royal College of Surgeons, and others.

Reviews and Book Notices.

NOTES ON BOOKS.

——It is announced that the *Medical Gazette*, formerly published in New York city, is to be re-commenced under its former editor, Dr. ALFRED LUDLOW CARROLL.

——Messrs. Lindsay and Blakiston of this city announce the following works:

"Earth as a Topical Application in Surgery. With Cases Treated in the Pennsylvania Hospital." Illustrated by the Photo-Relief process. By ADDINELL HEWSON, M. D. 8vo., pp. 300.

"On Syphilis and its Treatment by Subcutaneous Injections of Sublimate." Translated from the German by CARL PROEGLER, M. D., and E. H. GALE, M. D. By Prof. LEWIN. 8vo., cloth.

——Prof. MORGAN has in press an important work bearing upon the Contagious Diseases Acts, entitled "Practical Lessons in the Treatment of Affections produced by the Contagious Diseases, with some valuable Experiments in Inoculation" for stamping them out.

——"The Moral of Accidents and other Discourses" is the title of a collection of twelve sermons, which were written, together with introductory and closing prayers, by the late Rev. THOMAS T. LYNCH, of London, to be read before his congregation while his intense sufferings from a disease of the heart forbade his personal presence at evening service. The history of their writing would make them interesting if their intrinsic merit did not. It is stated that while at his desk the author would often be seized with such agonizing pains as to be compelled to fling himself on the floor for rest. Before the prayers for the twelfth sermon could be written, the hand of the writer was stilled by death. The work is edited by SAMUEL COX, and published by George Routledge & Sons.

BOOK NOTICES.

A Practical Treatise on the Diseases of Women. By. T. GAILLARD THOMAS, M. D., etc. Third edition, enlarged and thoroughly revised, with 246 illustrations on wood. Philadelphia: Henry C. Lea, 1872. 1 vol., sheep, 8 vo., pp. 784.

Dr. THOMAS may justly congratulate himself on the reception which his work has received by the profession. That a third edition should be called for in less than three years is strong testimony in favor of its meritorious preparation.

The addition to the present volume amounts to nearly one-fourth as much as the previous edition. Several new chapters have been introduced, and both the views and nomenclature of the author have undergone modifications, such as he deemed necessary to give greater precision and more accuracy. An example of the latter is the substitution of the term "areolar hyperplasia," for chronic parenchymatous metritis; this, he claims, describes more truthfully the actual state of the uterine tissues, or, in other words, it represents a permanent effect instead of a temporary cause. The arguments for such alterations are stated forcibly, and will doubtless command the attention of those who make this department of medicine a study.

Numerous additions have been made to the later chapters of the volume, and it has thereby gained almost the importance of a new production. Of the various works in this field of research we have ourselves found Dr. THOMAS' that which we turn to the most frequently and with the most satisfaction.

Plain Talk about Insanity: Its Causes, Forms, Symptoms, and the Treatment of Mental Diseases; with remarks on Hospitals and Asylums, and the medico-legal aspect of Insanity. By P. W. FISHER, M. D. Boston: Alexander Moore, 1872. 1 vol., 8vo., cloth, pp. 97. Price $1.50.

Animal and Vegetable Parasites of the Skin and Hair. By B. JOY JEFFRIES, A. M., M. D, etc. Boston: Alexander Moore, 1872. 1 vol., 12 mo., cloth, pp. 102. Price $1.00.

Small-Pox: The Predisposing Conditions and their Prevention. By Dr. CARL BOTH. Boston: Alexander Moore, 1872. Paper, pp. 50. Price 25 cents.

These works, as diverse in subject matter as in merit, we group together, as they are all addressed to the public and not to the profession, and are all issued from the publication office of a popular hygienic journal.

Dr. FISHER, who was formerly attached to the Boston Hospital for the Insane, and who is the author of the ingenious application of the *formateur* in use among hatters to the mensuration of the human cranium, says in his preface that he aims to exhibit insanity in its true light as a disease, and to encourage efforts for its prevention as well as its cure. He is quite correct in his belief of the need of popular instruction on this subject. The public are slow in understanding that insanity means brain disease, and there is a vast amount of nonsense still received about "lettres de cachet" and "private mad houses." The author describes the causes, forms and symptoms of insanity, then proceeds to its moral and medical treatment at home and in hospitals and asylums, concluding with some chapters on the medico-legal aspects of the disease.

The information given, and the views throughout were such as will meet the cordial approbation of physicians, and are well calculated to be of real service to the general reader. The amount of mischief done by an ignorance of the proper management of the insane, especially in reference to forcible measures for their cure, is enormous, and what the community requires is enlightenment on the character of the disease and the nature of asylums.

We doubt, however, whether Dr. FISHER has made sufficient allowance for the prevailing ignorance of medical terms among general readers. Most of them, we predict, will have no idea of the meaning of such words as paresis, cerebral, subacute, etc., familiar as they seem to our eyes; and they are repellant to those who would be benefited by the perusal of his pages.

The same criticism may with justice be applied to the next work on the list, the otherwise most excellent treatise on parasites by Dr. B. JOY JEFFRIES. He divides his subject into animal and vegetable parasites of the human skin, and false parasites of the human body. While sound and instructive in contents, the volume is much better adapted for professional men that the class for whom we suppose it intended—the average non-medical reader. Such words as sebaceous, epilation, nodular, etc., are above the ordinary American's vocabulary. It is also doubtful whether washes containing corrosive sublimate in solution, as that recommended on page 85, ought to be advised for domestic purposes. The home treatment of disease should not include in its materia medica dangerous drugs.

In connection with two such able and sensible works, we are astonished to find associated the silly pamphlet on small-pox, whose title we give. Its author is principally known to us as advertising himself to be the exponent and sole living professor, so far as we know, of the method of curing consumption by the "artificial calcification of tubercles." But we now find that he has discovered an absolute prevention of small-pox, scarlet fever, measles, etc. And what is this? Why, *eating salt*. This profound discovery he substantiates by no less extraordinary arguments in which his physiology is as novel as his hygiene. Small-pox, he says, can originate at any time in a man whose blood is not salt enough. Alcohol frees the blood from salt, and this is why those tipplers, the Indians, are all dying with small-pox. People who live on salt fish never take the disease. But he adds that too much salt produces scurvy, evidently ignorant that this venerable theory was long ago relegated to the lumber-room of science. How such a writer comes to us in the company of such men as Dr. JEFFRIES and Dr. FISHER, we are at a loss to surmise.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 9, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ON QUARANTINE REGULATIONS.

A timely and judicious paper on this subject was recently read before the Medical Library and Journal Association of New York city by Dr. ALFRED L. CARROLL. He exhibits in strong and correct colors the inadequate nature of our present quarantine enactments, taking as his sample those of the port of New York.

For instance, he calls attention to the fact that of the dozen communicable diseases caused by organic poisons, only four are by our laws subject to quarantine, and these are: yellow fever, cholera, typhus and small-pox, with the very indefinite addition of "any new disease not now known, of a contagious, infectious or pestilential nature." Scarlet fever, typhoid, nay, even the "spotted plague" itself (which is now even occasionally seen in Egypt), not being "new diseases," are excluded from the category, and may be imported free of duty.

The conclusions he arrived at are as follows:

I. Communicable zymotic diseases depend upon material organic poisons, and although some of them (as plague, cholera, etc.), may appear to be epidemic in certain localities, it is probable that they exist there only by the retention and recrudescence of their specific contagion; it is almost certain, at all events, that they do not arise spontaneously elsewhere.

II. "Quarantine of observation" should in all instances apply to living beings in whom contagion may remain latent, rather than inanimate substances which may be disinfected at once.

III. Preventive measures should be adapted to the respective modes of contagion of the several disorders, stricter isolation being necessary in the case of those poisons which are volatile enough to be conveyed in the air, or in vapor of water, than with those which are transmissible only by solid or liquid media.

In the discussion which followed the reading of the paper, Dr. LOUIS A. SAYRE gave an interesting account of his localization of the cholera on board the ship Atlanta, in New York harbor, in 1856. As this typical example of the principles of sanitary regulations may be new to many of our readers, we shall give an abstract of his remarks.

What especially impressed Dr. SAYRE on first examining the Atlanta, was that the disease was confined to the fore part of the long, narrow space between decks. The thirty or forty deaths which had already occurred had all been at this end. This puzzled him, for the space was continuous; its atmosphere seemed about equally offensive in every part, and the men and women were piled, like cordwood, in tier on tier of rough, filthy bunks, from end to end. Close inquiry discovered that the fatal cases had been chiefly among those lying next to the forward water-closet, while neither of the other two water-closets on the same deck appeared to have bred any trouble.

Following the hint of this definite localization, he cleared out a space, say ten feet wide, across the deck; filled it with pans of carbolic acid; stretched a rope across, and forbade all communication between the two ends of the ship. Slight as this barrier would seem, it proved sufficient, and during the time the passengers remained aboard, not a case of cholera occurred aft of the *cordon sanitaire*. Besides this, the suspected water closet was shut up, and all excretions were received into a couple of huge copper kettles, impressed for this service, and partially filled with water covered with an inch or two of oil; they were

disinfected beneath the oil, with carbolic acid, and then thrown overboard.

The oil was used at the suggestion of Dr. RICH, that if a layer of it in the neck of a wine flask would preserve its contents indefinitely, the same means might prevent the escape of any poisonous emanations from the discharges. It had occurred to him that this disinfection of the discharges was, perhaps, one reason why the disease did not spread from the Atlanta by infecting the water about her.

The erroneous and dangerous views on quarantine, based on hypothetical considerations, which have been lately advocated by some prominent writers, render such essays as this of Dr. CARROLL, and such pointed examples as this of Dr. SAYRE peculiarly appropriate, and we hope they will both attract general attention.

DOCTORS OF LAWS.

When men venture into lines of thought which demand a special preparatory training without such training, they rarely think clearly. The unexperienced layman who sets about discussing the "origin of epidemics" for example, very surely sets up some patent absurdity instead of a sound theory. All of us are willing to recognize the truth of this example, but few of us see that we ourselves are certain to commit equally marked blunders when we trespass on other professions. The principles of law, for instance, which protect individual rights, are not in the grasp of every tyro, nor of every educated man, but only of those who have toiled for years to master them.

The truth of this is conspicuously manifest in the proceedings of the annual meeting of the State Medical Society of New York, reported in the current volume of this journal, page 152, et seq. In his address the President, Dr. WM. C. WEY, said:

"A spirit has been manifested where we would not have looked for evidence of such disregard of the obligations of professional obedience and discipline, to cut short the process of investigation of preferred charges against a member, in a properly qualified medical society, by an appeal to the civil courts to restrain the course of the inquiry by a summary injunction. Such a procedure is subversive of morals as well as justice, and effectually puts an end to all attempts to enforce compliance with the salutary rules by which voluntary and chartered organizations are sustained and perpetuated. It strikes at the very root of authority, by first assuming to be loyal and subject to it and afterward rebelling against its power in a way so treacherous and cowardly that but one course is left for a society thus compelled to yield to the interference of the officer of the law, and that is promptly to expel the revolutionary member; or if prevented by additional legal hinderances, to cease to hold social or professional relations with him."

Following out this suggestion of the president, apparently, at a later stage of the proceedings a member offered the following resolutions, which were adopted:

"WHEREAS, the Code of Ethics to which this society and the various county societies acknowledge allegiance, provides appropriate and sufficient means for obtaining redress in all matters of differences between physicians.

"*Resolved*, That any physician prefering charges, or against whom charges may have been preferred, who shall resort to courts of law or any legal process, shall be considered unworthy of membership in medical societies; and if a member, shall be declared expelled by the president at a stated meeting of the society to which the offender may belong.

"*Resolved*, That a copy of this resolution be sent to the American Medical Society."

Of course we all know the recent case in New York city which impelled the society to this action; but withdrawing our attention from any one case, let us examine the principle of law and the tendency of legislation here involved.

In the first place, there is a distinctly implied assertion that the laws, the judiciary, and the courts which protect men in all other relations and business of their lives, are utterly unadequate when applied to the relations of physicians! Not only this, but that any physician who believes his reputation, or his business, or his rights as a man and a citizen, are injured by a formally organized society,

shall not dare to invoke those forms, sanctioned by ages, under which justice is secured to all (other) men, under penalty of public repudiation by his associates in business!

Again, the tendency of this resolution is directly contrary to the best recent legislation, as it aims to annul still more completely what insufficient rights are at present vested in legislative minorities. Most sound political thinkers have been engaged in devising schemes by which the minority should be protected, but here is a body of pandits who would make the majority omnipotent!

The preamble, however, states that the "Code of Ethics" (save the mark) provides sufficient means for obtaining redress in all matters of difference between physicians. The naïve simplicity of this statement is delightful. It is true; and so it is also true that the Code of Statute Law of New York State, and the enactments of all civilized countries, provide sufficient means for redressing grievances; but no code and no statutes insist that a court of first instance shall be final, and that an appellant *is ipso facto* condemned. The tendency of law is just the contrary, and the courts and forms of law are precisely the means devised to carry into effect this provision of statutes.

When a minority cannot obtain the redress they demand under the code, or especially if an individual is attacked in his business and suffers pecuniarily, he has an indefeasible right to call to his aid the law of the land. There is no analogy between such cases and those which occur in secret organizations or commercial boards. The former involves no publicity, and the violations of rules taken cognizance of by the latter mean also dishonesty. Medical Societies publish their proceedings, and many of the offenses they punish cannot be construed as misdemeanors, but are breaches of etiquette.

Even the conservative priesthood of the Roman Catholic and Protestant Episcopal Churches do not carry this exclusiveness to the extent proposed in these resolutions. The appeal to civil law from canon law is not unusual in both, and entails no degradation of the appellant.

If, when a physician joins a medical society, he is forced to renounce the protection which the civil law extends over his reputation, his business and his prosperity, he commits a foolish action; and if societies, which pretend and ought to be scientific and protective, adopt such rules, they sign their own death warrant. If they do not violate the law they need not be afraid of it.

Notes and Comments.

A Censor Wanted.

We quoted, not long since, an article from the transactions of a State Medical Society. Some friend has since sent us a paper with a staring advertisement of "Anti-bilious Pills" by the author of the article. We are profoundly astonished that a State Medical Society allows one of their members thus to play the quack in open defiance of every rule of ethics; and if the society in question does not reform itself in this particular, it cannot retain its standing with its sister societies.

Correspondence.

DOMESTIC.

Treatment of Anemia.

EDS MED. AND SURG. REPORTER:

In the MEDICAL AND SURGICAL REPORTER of February 10, 1872, is a case reported by Dr. GEORGE A. WAY, M. D., in which I feel much interested. The doctor calls it a case of leucocythemia, and perhaps such it was. But what is leucocythemia? This condition of the blood is probably yet unexplained. The white corpuscles may yet be imperfect red ones, and no doubt unmetamorphosed chyle-corpuscles are frequently formed in the blood.

On my graduation in medicine, in the spring of 1837, I, as most young men and sanguine physicians, had all the diseases "which flesh is heir to," well defined and standing out prominently before my mind. I only wished an opportunity to stand at the bedside of the

sick, diagnose the disease and make my curative power manifest at once. Since then my wish has been abundantly gratified, and I have practically learned that "Distance lends enchantment to the view." I have found disease at the bedside differ very much from that I heard in the lecture-room, or read in the books. Yet without the lectures and the books what a Don Quixote of a doctor I would have been. My Rosinante might probably have been more frequently in requisition; but my prescriptions would have been as wild as the mad knight's encounters. I regard this case of Dr. WAY'S as one almost of child murder from educational stuffing.

This little girl should have been taken from school, or her mental labor much reduced, months before she came under the doctor's notice. In these anemic cases experience has incontrovertibly shown that the ferruginous preparations are our main reliance. Of course adjuvants and a nutritious diet must by no means be neglected. And just here let me say that the miserable "slop," called beef-tea holds a much higher place in the diet of the sick than it deserves. It contains comparatively no nourishment, and prepared by the most dexterous or intelligent nurse, is at best but a nauseous dose.

I have had some anemic cases in my practice. A little girl, five years old, came under my care, some two years since, with many symptoms similar to Dr. WAY'S case. She was a child of lymphatic temperament, full habit, and for more than a year had been assuming a more and more pale appearance. She lived in a malarial district, and had chills. She was passing large quantities of limpid urine, but neither saccharine nor albuminous. Her legs and feet pitted on pressure. She had been under treatment, but I do not know what kind, till the doctor got tired of his case and abandoned it.

I took charge of the case, and my patient got well, and has now been in the enjoyment of robust health more than a year. My treatment for this case was principally tr. ferri. chloridi, and quiniæ sulphas; occasionally intermitted with Fowler's solution, which I think had much agency in breaking up the chills. My patient had no neuralgia, and I think in Dr. WAY'S case a few hypodermic injections, of a 1-12 or 1-16 grain of sulphate of morphia, would have cured that pain "over the frontal eminence of right side of forehead." It was unfortunate that a *post-mortem* was not made as that, quite likely, would have dispelled the phantom of a tumor of any kind.

Respectfully, &c.,
L. G. MORLEY.

Wooster, O., Feb. 28, 1872.

The Bites of Venomous Snakes.

EDS. MED. AND SURG. REPORTER:

In looking over the REPORTER of January 27th I was much pleased with the remarks of Dr. TODD on ammonia in poisoning, and I was especially amused with his bachelor snake story. Having had a considerable number of snake bitten patients since I've been in the medical profession, I too, have a few "snake stories" (and one about a bachelor), some of which I will give, subject to your disposal.

While I was a student of medicine in my father's office I knew a young man who was bitten by a water-moccasin under water, and died from the bite. He and some of his neighbors were fishing with a seine, and while hauling the seine in water four feet deep, he stepped upon something and felt it sting his foot. Drawing himself up by the pole of the seine, the snake was coiled around his foot and ankle with its fangs still fastened in the flesh above one of the larger veins of the foot. My father was immediately sent for, but the young man, who lived some eight miles from us, died before his arrival, thus proving two things—that the moccasin is more poisonous than is generally supposed, and that he can inflict a deadly wound deep down under water. Another remarkable case occurred in my own practice, in the month of February, 1866. The circumstances were as follows:

A young man who was clearing new ground, after removing all of the best timber, put the brush and useless logs in large heaps, and burned them. Near one of these burning heaps was a large hollow stump in which a venomous old copperhead was whiling away the frosty hours of winter, enjoying his *otium cum dignitate*, with all the stoicism of a torpid state. The old fellow felt the life reviving power of the heat, and supposing that sol was again shedding the rays of summer's warmth for his especial benefit, he roused himself from his lethargy, and gliding slowly from his winter quarters, coiled himself up near the fire, where he basked as happy as a king. Just before bedtime, as is usual, the young man went out to mend up his heaps for the night, and while in the act of picking up some pieces of brush, was bitten in the finger by the copperhead. It was by far the worse case I have ever seen, though the bite was inflicted in very cold weather.

The symptoms in this case were especially alarming. There was great prostration of the system, with intermittent pulse, dilated pupils and a feeling of intense oppression about the heart; and I was fearful for several days that he would die; but after enduring extreme suffering he finally recovered. During the same year I had three more cases bitten by copperheads, and among them one of my own children, a little girl two years old, who was bitten in the palm of the right hand and barely escaped with her life. Here allow me to ask a question which has often suggested itself to my mind. Has the bite of a venomous serpent, inflicted in early childhood, any tendency to dwarf the growth of the child? I have seen several instances of vigorous children in whom growth seem to have been

arrested or at least greatly retarded from the time of the bite.

Besides these cases I have seen many more bitten by copperheads, and other poisonous snakes, but the only fatal case which has occurred in my own, or my father's practice, was the one mentioned above.

My treatment is by no means a new one. Sometimes I excise the wound, but more frequently enlarge it by free incisions, and then apply a cupping glass as speedily as possible over the wound, and re-apply as long as the blood runs freely. In the meantime I never neglect to bandage the limb firmly above the wound, and administer brandy or whisky and the aromatic spirits of ammonia freely internally. I also use the dilute aqua ammonia locally either in the form of a cataplasm (as spoken of by Dr. TODD), or by thick layers of lint or linen cloth saturated with it and covered with oiled silk. The copperheads which inflicted bites upon the genital organs of the old bachelor near Wheeling, Va., were ignorant of the Divine promise "the seed of the woman shall bruise the serpent's head;" at any rate their actions in this particular instance were exactly *vice versa;* however, *entre nous*, allow me to remark that I very much admire their good taste and judgment in discriminating so justly in favor of married men.

Now then for my bachelor snake story, and I am done. In the fall of 1864 I saw an old bachelor who had been bitten by a copperhead. The case was not a serious one, and the man recovered finely; but they say the *snake died in less than one hour after he bit the bachelor;* however, I cannot vouch for the truth of this, as I only saw the man.

R. L. PAYNE, M. D.

Lexington, N. C., Feb., 1872.

Gynæcological Practice.

EDS. MED. AND SURG. REPORTER:

In your issue of February 10th I find an article from the pen of Dr. BAHNSON, of Salem, N. C., upon the subject of gynæcology; and as the whole thing seems to have been conceived in a hostile feeling to an article of my own, which appeared in the REPORTER of December 23, 1871, signed "Medicus," I beg permission to offer a word in reply.

As there seems to have probably been some misapprehension of my position by the above mentioned writer, as regards the pursuit of gynæcological practice, I may be allowed to say that when the matter is in scientific hands, conducted by men who have a proper appreciation of its importance, there is no department of medical and surgical science more legitimate or more conductive to the welfare of suffering humanity.

That posterity will honor the names of MEIGS, SIMS, STORER, ATLEE, EMMET and THOMAS, equally with those of GROSS, BEDFORD, HAMILTON and DICKINSON, I make no doubt. It is not to gynæcological science and practice, nor to names like those above, that my remarks of December 23d were intended to apply, but to a class of mercenary scoundrels who set themselves up as general practitioners, one of whom may be found in almost every neighborhood, who, to hide their ignorance of the real nature of maladies they are called to treat, are glad to satisfy the morbid credulity of many of their patients by a grave declaration that they have "*the* falling of the womb," "*the* womb disease," etc. I am personally cognizant of more than one such professional parasite; and those who, as before stated, are looked up to by the community as men of wonderful genius. The *practitioner* (I will not call him doctor) is here the culpable party, and I think it doing God's service to warn an unsuspecting public against their nefarious machinations.

In conclusion, I can assure the doctor that my estimate of the character of gynæcological treatment and practice, and the estimate which should be placed upon the efforts of the "Gynæcological Society of Boston," ought to be as proper subjects for my eulogies as for his own, as I have the honor of being "part and parcel" of said society, holding membership since its earliest organization.

Hoping that the criticisms on my former article will be to the readers of the REPORTER my sufficient excuse for thus detaining them with this rather personal effusion, I am yet their friend,

J. P. CHESNEY.

St. Joseph, Mo., Feb. 18, 1872.

NEWS AND MISCELLANY.

The O. Æ. Society.

A large and brilliant assemblage of beauty and fashion greeted the society of the Order of Æsculapius at their eighth annual reunion, on Monday evening, February 26th, 1872, crowding the capacious theater of Bellevue Hospital Medical College to its utmost capacity. Long before the hour appointed for the commencement of the exercises "standing room" was at a high premium.

The O. Æ. Society was originated in the year 1863 by some of the students of Bellevue, and had for its object the promotion of study and the discussion of matters medical and scientific. It soon attracted the favorable notice of the faculty, from whom it received much valuable assistance, and it now numbers many hundred members, most of whom are Alumni of Bellevue College. Two qualifications are necessary for admission to the society, viz.: To be of good moral character and a student of Bellevue.

The following programme comprised the order of exercises:

Grand March: Piano.

Invocation by the chaplain: Alfred B. Beach, D. D.

President's Salutation, J. Wallace Whimsie, M. D.

Aria, Lucia de quest Anima, Mme. Alfred.

Honorary Address, Rev. Geo. H. Hepworth.

Solo: The heart bowed down, Mr. E. J. Post.

INSTALLATION OF OFFICERS.

President—J. Wallace McWhinnie, M. D.
1st Vice President—William Carr.
2d Vice President—H. G. Bidwell.
Recording Secretary—Willis J. Estep.
Corresponding Secretary—S. Hemingway.
Treasurer—S. P. Hammond.

Duet (by request) Master and Pupil: Madame Alfred and Mr. C. Anderson.

SENTIMENTS.

"Our Alma Mater:" Leroy Milton Yale, M. D.

Piano Solo: Mr. W. R. Johnston.

"The Faculty:" Prof. Wm. T. Lusk, M. D.

Song—The White Squall: Mr. E. J. Post.

"The Class of 71:" S. P. Hammond.

Temperance Medley—The Green Mountain Yankee: Mr. C. Anderson.

"The O. Æ.:" Ramon Amabile, M. D.

Aria—Robert toi que j'Aime: Mme. Alfred.

"The Ladies:" Prof. A. B. Crosby, M. D.

The Trio—Te sol quest Anima: sung in a splendid manner by Madame Alfred and Messrs. Anderson and Post, closed the entertainment.

The Diploma Traffic.

The investigation into this disgraceful trade was continued on February 17th. We extract the following brief summary of the evidence elicited from an editorial in the *Public Ledger*, February 21:

One of the witnesses, who either is or has been a "professor" in one of them, and who seems to have had intercourse with both, when asked if he knew anything of the sale of diplomas, or if Dr. Paine had ever asked him to sell diplomas as agent, or if he was was ever present when Paine offered to sell diplomas, refused to answer on the ground that he might "criminate himself." This same witness, however, subsequently admitted that he had had blank diplomas of both Paine's and Buchanan's establishments in his possession; was about to make the selling of diplomas a business before the passage of the late act of Assembly making it a criminal offense; that he had never sold but one, but that he would have signed one of them "quicker than a wink," if he could have made money by it.

Buchanan, of the Pine street establishment, admitted that one of his degrees had been sent to Schuylkill county to a man who had not appeared for examination, said man having afterward made a *donation* of $25; and that another man in Huntingdon county had received a degree after a two week's course, and on the presentation of tickets for lectures he had attended elsewhere! Paine admitted that diplomas had been issued from his concern after attendance upon one course, in cases where the recipients had already practiced medicine for a long time! Another witness, one of these broods of "doctors," testified that he had bought a scholarship for $75, in the Philadelphia (Paine's) University; thought that the scholarship entitled him to attend when he pleased, could not tell anything about his attendance, wrote no medical thesis, passed no "regular" examination; but he got his diploma. Another testified to his knowledge of a diploma having been issued by Paine for $70, to a man who had attended no course of study. Still another, "an herb doctor," a colored man, testified that he had never attended any course of lectures, but had received, through a Dr. Bissell, from Dr. Buchanan a diploma as "a mark of honor"—but *a political campaign* was then going on, and one of these doctors *was a candidate* for the Legislature. Yet another, also a colored man, had been favored with a Paine diploma, which was hung up in his office during his absence; and yet another had received a Buchanan diploma after attending one course, but he had been practicing for twenty years before that.

But the most extraordinary portions of this testimony yet remain to be told. A "doctor," who described his business to be "studying and practicing medicine," mentioned among his qualifications that he had been "janitor for seven years" in a Baltimore medical school; he also had a diploma from a botanical college in the West Indies, and intended to get another from Buchanan, but that the latter charged too much! This, however, does not equal the evidence of James McShane, who has been some sort of an attendant in the dissecting room of both the "Philadelphia" and the "Eclectic."

He says he "worked" for Dr. Paine, and "did some work" for the "Eclectic;" he was no graduate, but in Paine's establishment he sometimes "ran the dissecting room," and "acted as teacher;" he was also offered a professorship in the American University, then at Tenth and Chestnut, and a "Professorship of Anatomy" in the "Eclectic." He had been offered diplomas to sell, and had been asked by Dr. Paine to teach.

Such are specimens of the abuses which the REPORTER has repeatedly brought before not merely the profession, but the deans and professors of the regular medical colleges in this city, and have urged their correction over and over again, but we are sorry to say fruitlessly. The supineness of those who should have united to put a stop to this traffic long ago must be now to all a matter of extreme regret.

The Hotel Dieu, Paris.

One of the most ornamental of the public buildings, so lavishly ordered by the late Imperial Government in France, has just been condemned as unfit for its purpose. It was a new erection for the chief hospital in Paris, and its total cost was enormous; but the Society of Hospital Physicians and Surgeons has unanimously resolved that, in its construction, it does not fulfill the conditions required by a hospital in the present state of scientific and hygienic knowledge. Two members of the society proposed the reduction of the eight hundred beds to four hundred, and using them for the reception of patients suffering with skin diseases, thus utilizing the building, but vitiating the scheme of a general hospital. This proposition has been negatived, and some alterations to the costly structure must be made, casting an additional burden on the citizens of Paris.

Destruction of Scientific Collections by the Chicago Fire.

Dr. J. W. FOSTER and Mr. WILLIAM STIMPSON, respectively the President and Secretary of the Chicago Academy, have circulated a report of the losses sustained by their valuable institution in the late conflagration. Among these are some collections of national importance, such as that made by the Audubon club, the entomological collection of Mr. B. D. Walsh, the illustrations of the natural history of Alaska, the Smithsonian *crustacea*, and many others of more or less importance. With characteristic energy and courage the trustees have announced the intended reconstruction of the buildings, and the recommencement of the publication of the Transactions of the Academy.

The large general collection, illustrating American natural history, was one of the most extensive and complete in this country, and great efforts will be necessary to replace the specimens. Assistance from the museums of Europe, many of which have duplicates, may be relied on; and similar institutions in the United States would do well to help, with all their power, the noble collection of the Chicago Academy, now struggling to regain her position and renown among the *almæ maters* of science in America.

A Novel Surgical Operation

was recently performed by a San Francisco physician. The patient had been shot. The bullet entered the right side, a little above the hip, and in probing the wound the surgeon discovered where the bullet lay. He was compelled to enlarge the orifice of the wound in order to introduce the forceps, and had just got that instrument on the bullet, when the wounded man, who was under the influence of liquor, struck him a powerful blow on the side of the head, which caused him to fall to the floor. He then ran away, and when the doctor recovered himself, he found the forceps in one corner of the room and near the instrument was the bullet, which had been extracted by the force of the blow. The doctor says that as a surgical operation it was a complete success, but still he is not partial to the method.

Antidote to Carbolic Acid.

The use of carbolic acid as a disinfectant, now so common everywhere, is fraught with danger, as it is a virulent poison; and if it be accidentally taken internally, an effective antidote will be necessary. Dr. HUSEMANN, of Göttingen, suggests, for counteracting its effects on the stomach, a new preparation, which he calls *calcaria saccharata* (saccharate of lime), prepared by dissolving 16 parts refined sugar in 40 parts water, and adding 5 parts slaked lime. Digest the mixture for three days, stir occasionally, filter and evaporate to dryness.

QUERIES AND REPLIES.

Dr. G. M. G., of Ohio, sends a catalogue of a so-called Medical College of this city, with a matriculant list of over three hundred and fifty, and a graduating class of over one hundred, and asks if it is a legitimate college or a humbug. In the first place, we have never heard of even one hundred students being in attendance on its lectures—and as to its graduating class, we really believe it is much larger than its class of *bona fide* matriculants. The modus operandi of the whole concern will probably be made public in the report of a Committee of the State Legislature into certain alleged irregularities in conferring diplomas on the part of some institutions of this city. One thing, however, we can inform our correspondent—its "degrees" are not worth the paper they are written on.

MARRIAGES.

BISHOP—WELLS—February 20, 1872, at the residence of N. Wells, M. D., at Meshoppen, Pa., by Rev. S. F. Colt, Mr Joseph W. Bishop, of Towanda, and Miss Mary H. Wells, of Meshoppen.

FITZGERALD—MCCORKLE.—At Columbia, Pa., February 1, by Rev. Dr. R. Owen, Dr. J. A. Fitzgerald, U. S. A., and Emily L. McCorkle, daughter of the late Dr. William S. McCorkle, of Columbia.

GORDON—MARSHALL.—February 15th, at the residence of the bride's father in Georgetown, Ohio, by the Rev. S. N. Marsh, Dr. S. C. Gordon and Olivia, daughter of Wm. S. Marshall, all of the above place.

SLATE—WRIGHT.—February 13th, in the Broadway Methodist Episcopal Church, of Baltimore, Md., by the Rev. James H. Brown, D. D., Hyman A. Slate, of Williamsport, Pa., and M. Virgie Wright, only daughter of J. W. Wright, M. D., of Baltimore and granddaughter of Dr. Matthew Grier, deceased, formerly of Williamsport.

WALLACE—SCOTT—At the residence of the bride's mother, near New Baltimore, Ohio, February 22d, 1872, by the Rev. D. E. Myers, Dr. W. H. Wallace, of New Haven, Ohio, and Miss Albina Scott, daughter of the late Andrew Scott.

DEATHS.

BLACKWOOD.—At her residence, at Haddonfield, N. J., on the 29th ult., Mary Ann Blackwood, widow of the late Dr. B. W. Blackwood, in the 66th year of her age.

BLISS.—In New York, February 28th, Caroline, infant daughter of Harriet M. and Charles Bliss, M. D., aged 15 days.

BURD.—In this city, March 4th, of pneumonia, Lilly Twiggs, wife of Dr. J. P. Burd, and daughter of Edward Shippen, Esq., in the 22d year of her age.

HAWKS.—On the 2d inst., at his late residence, in Brooklyn, N. Y., Dr. John Hawks, in the 69th year of his age.

WELCH.—At Crab Orchard, Ky., February 10th, Dr. Thomas Welch, aged about 67.

THE

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Communications.

DIABETES AND ITS TREATMENT.

By Dr. J. Y. Shearer,

[Of Sinking Springs, Pa.

In the number of the Medical and Surgical Reporter, for August 5, 1871, appeared a report of mine made to the Medical Society of Berks, on a case of saccharine diabetes, in which report a new, and, as I believe, an infallible remedy for that disease was given; and in the number for September 3, 1871, appeared an article from the pen of Ralph S. Goodwin, M. D. (Thomaston, Conn.), "pooh, poohing" the remedy, and criticising the treatment. As I was, at that time, engaged on several cases, most of which were of recent standing, none reaching nine months, I was not well prepared to say anything further to the profession on the subject; nor was I willing then to notice the comments of the doctor; but as the cases which I then had on hand have, for weeks past, been cured, and remain so; and, as on the following week, September 29, 1871, there came to my hands a case of two years' standing, of which I will hereafter speak more in detail, I concluded to be silent until *the* remedy was more fully tested. Indeed, I had thought of passing the article by in silence, but, inasmuch as it appeared in your journal, which I regard as one of the best published in this country, I have thought it advisable to notice it.

I will now state that five different cases of diabetes, well defined, have come under my own observation and treatment, and have been successfully cured; and as the five patients differed in temperament, habits of life and occupation, and have been cured by the same remedy, I am fully warranted in saying that any number, however great, may be cured by the same treatment. I do not deny the possibility of exceptional cases.

One of the five patients was a Mr. J. D., a New Englander; think he said from Connecticut, a blacksmith by occupation, residing at the city of R. He stated that he had been nearly nine months afflicted; had not worked for nearly three months; said he had several hundred dollars in bank, which he had "saved up," and would pay one hundred to be cured; that he had, for some time past, been drinking over a gallon of water during the night, and voiding about the same quantity of urine; and that he had so much trouble with frequent micturations during the day, and weakness (flaccidity) of muscle, that he could not work. I commenced the new treatment with him with ter-grain doses, as prescribed in the case reported, and when he came the third week after I had commenced treatment, he informed me that he arose but once during the night, and then voided less than a pint of urine. I prepared him medicine for the fourth week, and requested him to bring along that "$100" the following week, but that was the last time I had the pleasure of seeing him. The next week, and the next week, and the week after passed, but that patient did not return. The fourth week thereafter, happening to be at R., I made inquiries at his reputed place of residence, and learned that he had entirely recovered his health, had drawn his money from bank and gone west.

As before stated, on the 29th of September Mr. A. S., æt. 36, carpenter by trade, came to consult me as to his condition. With the exception of a great engorgement of the abdomen he was a walking skeleton; his cheeks

were sunken and sallow, and his features bore the traces of long continued suffering. I had him weighed and found his weight 90 pounds. Upon stripping him I found the flesh wasted on his body and limbs, and the skin tightened over his ribs, breast and back; and, judging by the touch, there was not a particle of flesh on his ribs or along his spine, while his abdomen was distended out of all proportion to his body; was hard, and a hard cord or muscular band passed transversely over it. His whole weight seemed to be in the abdomen. His tongue was slightly coated and furred; his pulse was weak and indicated great debility; his bowels, he informed me, were regular, and had been so for weeks. As he was obliged to micturate during the time he was with me a small quantity of urine was obtained, which, by MOORE's test, I found to contain sugar.

He informed me that he had been ailing for upward of two years, and had tried various remedies and different doctors, but still grew worse; that, during the last four or five months, he had been entirely unable to do any work, and suffered great weariness, even to exhaustion, in walking a few hundred yards; that from early in the evening till about eight o'clock in the morning he had been confined to his room, his time in bed varying from 13 to 15 hours; that, during that time, he would drink about two and a half gallons of water and void about the same quantity of urine.

Owing to the great debility of the patient, I commenced the new treatment by prescribing as follows:

℞	Tannic acid,	grs. v.	
	Opii pulvis,	gr. ss.	M.

Sig.—To be taken at 9 A. M., 3 P. M., and bed-time, and tinct. ergot ʒj., to be taken before each meal in water.

Also:

℞	Veratria,	ʒj.	
	Ungt. cetacei;	ʒj.	M.

Sig.—The size of a cherry, to be well rubbed along the spine every morning and evening.

I directed him to abstain as much as possible from animal food, confine himself to a vegetable diet, and to procure lager beer or ale to drink instead of water; and if either became nauseous to him, to alternate with tea, or whisky and water.

I increased the acid grs. v. every eight or ten days, during the three following months, until I considered a cure permanently effected; but the opium and ergot were not increased every time.

Within six weeks from the commencement of my treatment this patient's abdomen had become sensibly diminished; the hard band or cord which had passed over it had disappeared, and it began to have a natural appearance and feel; his weight had increased during that time quite rapidly; being weighed it was found to be nearly 105 pounds, an increase of nearly 15 pounds in less than six weeks, while the liquid drunk and urine voided had been reduced from two and one half gallons in thirteen hours to less than one gallon in the same time.

At this time I was giving tannic acid in xxv. gr. doses, with opii gr. j and ergot ʒiij.

If this was "tom tom" treatment it was very effective, certainly.

Before the first of December I commenced giving the medicine four times daily, and excepting the opium, in increased quantity, at intervals of ten days. By the first week in January, 1872, the patient had entirely recovered; he was able to work without experiencing great or unusual fatigue, and his weight had increased to 125 pounds.

I then commenced diminishing the quantity of medicine and number of doses at short intervals till the beginning of the present month (February), when I ceased administering it entirely; every trace of the disease having disappeared, and his weight having increased to 130 pounds; that being a greater weight, he informed me, than he had ever reached prior to that time.

I saw him on the 22d inst., and he informed me that his weight remained at 130 pounds; and that he was entirely free from any indication of the disease.

When treating the first patient, I found the remedies recommended by the old practice not only did no good, but rather aggravated the disease, and concluded that the originators of that practice were as much in the dark as to the origin of the sugar as myself. By careful observation I fixed a location for it, and believing that I had fairly tested the old remedies, I determined to adopt others, if possible, that would act directly upon the organ or function affected. It was then that, distrusting my own unaided judgment, I sought consultation with one who, as a *surgeon*, stands unsurpassed in skill and knowledge by any

other of this, or perhaps, of any age, whose knowledge of therapeutics, varied experience, and accurate judgment in the treatment of diseases, rank him among the first physicians of the age.

The prescription given by Dr. GROSS at our first consultation was not designed as a mere experiment, but was intended to effect a particular result by its operation upon a certain function of the animal economy.

The medicines prescribed produced the effect intended—a very marked effect, as was evidenced by the improvement of the patient, and demonstrated clearly to my mind that we were right; they would doubtless have eradicated the disease entirely had I not believed we could reach the source more directly by other agents, and effect a cure in a more limited period of time. Having selected the *three drugs*, "tannin, opium and ergot," and carefully observed the r effect upon the disease, I had reason, and have now more ample reason, to believe that the "arcana of nature have yielded their mystery as to this malady."

SUBACUTE RHEUMATISM.

By THOMAS BARROW, M. D.,

Of Baltimore, Md.

This painful affection is much more common than many physicians are aware of.

My habit of visiting monthly, during many years, about 600 families, many of wh-m, during each year, removed beyond my limits, to be replaced by others, whom I then visit habitually, has afforded me unusual opportunities of observation.

I think that about one-fourth of women and about one-seventh of men, over 30 years of age, suffer in some degree from it.

It doubtless prefers the decline of life for its incursion, because the caloric then generated in the human system undergoes a greater diminution. The habitual use during cold weather, either as food or medicine, of oleaginous substances, is consequently the best prophylactic; but I have found many such sufferers who cannot use fat meat or oil, and have inferred that this was a predisposing cause of their rheumatic pains.

It might be reasonably supposed that in respect of a disease so extensively prevalent an experienced physician could be in no danger of making an incorrect diagnosis. Such, however, is not the case. One cause of erroneous judgment is, that many physicians see but few cases of this malady. Usually the doctor is only sent for when the patient is prostrated by the disease. Almost all persons, on its first invasion, endeavor to repel it by means of rubefacients and embrocations; although the large majority obtain but little relief by these medications, and sometimes none at all.

The remedies which I have found most useful in this complaint are those which other medical practitioners have usually found to be so. The real point of difficulty is not how to prescribe appropriately, but to distinguish this torturing disorder from other diseased conditions which it may in some respects resemble.

Vin. colchici rad, potas. iodid., chloroform, morph. sulph., or ext. belladonna, with the use during cold weather of fats or oils, have proved adequate to the relief of probably several hundred cases which I have prescribed for.

Chloroform will not mix with aqueous liquids, without the conjoint use of something cohesive, as syr. simp., syr. acacia., or sugar, etc. Potas. iodid., in solution with an insulator, as salt, undergoes decomposition; but the addition of a syrup may prevent it. See PARRISH'S Pharmacy, edition 3d, page 726, who gives three examples, which may perhaps be sufficient to verify the preceeding statements.

Mrs. Clara Beaumond had suffered during five months from violent pains, seated primarily in the spine, but spreading thence to various other parts. She did not leave her room, nor except with brief intermissions her bed, during this time. In addition to the physician who attended to her case till I was induced to undertake it, and who said it was neuralgia, four other physicians visited her. Two of these I felt convinced were immensely superior to myself in respect to general medical knowledge and skill. I therefore felt a strong repugnance to prescribing after them. The most eminent of these two affirmed that it was her old spinal disease returning, which, eighteen years previously, he had treated successfully during ten months; and that she might eventually recover, although it would be a long time before she could be about again. One of the other two said that her case was incurable.

Her agonizing pains were somewhat diminished by means of some of the medicines which these physicians administered to her. Her prostrating weakness, however, with considerable pain, continued till the mother's patience was exhausted, when she implored me to prescribe for her. I diagnozed subacute rheumatism, aggravated by anemia. I therefore reluctlantly prescribed

℞. Vin. colchici. rad.,
Syr. simp.,
Chloroform.,
Aquæ, aa. f ℥j.
Morph. sulph., gr. vj.
Ferri et ammon. citrat.,
Potass. iodid., aa. ℥iv.
Mag. sulph., ℥j. M

Sig.—½ small teaspoonful 3 times a day, in ½ teacupful of water; with abstinence from acids, tea and coffee during its use.

From the time of commencing the use of the above prescription her improvement was so rapid that in two weeks she was enabled to resume her duties as teacher of music, having had no return of the complaint during the period of about eighteen months.

Mrs. T., who had suffered severely during several years throughout almost her entire person, and which allowed her but little sleep, had been told by her physician that nothing could do her any good. He therefore abandoned her case as entirely hopeless. About three weeks since she told me that the combination previously mentioned had not only enabled her to sleep a great deal better, but that it had really done her considerable good.

Mrs. Jane Kidd had suffered incessant pain in her chest and sides, and had also occasional attacks of hemoptysis during four years, which led both her and her friends to believe that she had phthisis. During the last three months of the above named period she was attended by a pious physician, who had for many years enjoyed a justly large practice, affording him, I have been told, about $2,500 a year. Obtaining no relief, she told him that the medicines which he had given her had not done her a particle of good. He replied: "You must stop grieving about the child," (which had died about seven months previously). She asserted that that could not be the cause of her sufferings, because she had felt them for more than three years before the child died. He said, "Well, then, it must be occasioned by an incurable form of womb disease."

When soon afterward she made the above statement to me, I diagnosticated subacute rheumatism, and prescribed

℞. Vin colchici rad., f ℥j
Morph. sulph., gr. v.
Mag. sulph., ℥j.
Aquæ, f. ℥iij. M.

Sig.—Half small teaspoonful in one-third teacupful of water, with abstinence from acids, tea and coffee.

She enjoyed some benefit from each dose, and on the third day she felt entirely relieved; nor did she suffer thus again till about a year after, when the same combination again afforded her prompt relief. Having removed beyond my visitation limits, I was informed by Mr. KIDD that for seven months she had been suffering violent pain in her stomach, and that the medicines which two physicians had prescribed for her had done her no good. I soon after visited her, and having learned that the invasion of her disorder had been occasioned by a dinner of beans which had disagreed with her, I immediately diagnosticated gastric subacute rheumatism, and again prescribed the same medicines, which in three days entirely and permanently relieved her.

At another time she told me that the previously mentioned mixture had become so repugnant to her that even the thought of it occasioned nausea. I then changed aquæ f. ℥iij. to aquæ f. ℥ij. and tinct. lavender comp., f. ℥j., to be taken in ice-water. Thus modified, it was quite agreeable to her.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

Femoral Hernia.

GENTLEMEN: I have but a few cases for illustration of the subject to-day, yet thought it best to call your attention to those which we have, now while your minds are fresh upon the subject of hernia from our last meeting. The cases which I have, however, are sufficient to show the characteristic features of femoral hernias. You will see that each presents a tumor upon the inside of the thigh below Poupart's ligament—which is round in shape—soft and inelastic, presenting, moreover, no redness, heat or other signs of inflammation. As I tell the first patient to cough, a distinct sense of succussion is imparted to my fingers, and as she lies down you will see that the tumor disappears and its contents slip back into the cavity of the abdomen with

a gurgling sound. I place my finger over the saphenous opening, and telling her to rise, find that it does not reappear. It is of course a hernia, and one of the femoral variety, that is, the intestine has not escaped through the inguinal rings, but has protruded downward, a more common course in females, since their pelvis is wide and their inguinal rings small for the passage merely of the round ligament. You can distinguish this form from the inguinal since it is always below Poupart's ligament, and although it may sometimes turn upward after escaping from the saphenous opening, and lie over upon this line, yet it can be easily pushed down, while the neck will always be found to be situated at the aforesaid opening.

But you will say there are other tumors of this region, and all these characteristic appearances may not be present; how am I to distinguish between them? Well, in the first place, you will certainly have some of the above mentioned symptoms; and next, the tumor is always situated to the *inside* of the femoral vessels, which can be easily felt. Now, a *psoas abscess*, as you know, makes its way from the vertebræ down inside the sheath of the psoas muscle, and must emerge upon the thigh therefore to the *outside* of these vessels. You must remember that such an abscess receives most decided impulse upon coughing. Enlarged glands are commonly multiple, are definite in their outline, and are minus the characteristics of a hernia. Fatty growths are elastic and circumscribed, as are also cystic tumors. A saphenous varicosity might deceive you at times, though rarely.

Let us now see how this intestine made its way from the abdomen to this point—and that you may thoroughly understand its route, I will show you a dissected preparation of the structures.

Upon the inside of the fascia lata femoris, that dense membrane which covers in the muscles of the thigh, just at the junction of the outer or sartorial portion with the inner or pectineal, there is a break in its continuity which is known as the saphenous or external femoral opening. It is the place where the long or internal saphenous vein dips down to pour into the femoral. You will notice that I speak of the outer portion of the deep fascia as the sartorial portion, and I do so because I wish to avoid the name of iliac fascia, usually given by the books, since I shall soon speak of another iliac fascia, which is quite a different structure. Around this opening the fascia is thickened or strengthened to such an extent that it has received a special name. One portion of the sartorial fascia turns backward and is lost in the capsular ligament of the hip joint—while the other, arching up in a sickle-shaped manner around the outer side of the opening, is called the falciform process. The upper portion of this falciform process, in other words its upper cornu, the upper border of the opening, is known as Hey's ligament, but it is nothing more than fascia, and from it runs up a process which is continuous with Gimbernat's ligament. The lower boundary of the opening is called the inferior cornu.

Filling up this opening is a mass of fat glands, bound together by connective tissue, and which, being pierced by the saphenous vein superficial epigastric, superficial external pudic and superficial circumflex iliac arteries, with their accompanying veins, together with numerous lymphatics, is justly named the "cribriform fascia." This fascia, then, corresponds to the intercolumnar fascia in inguinal hernia language. If we lift it out of its bed, we shall then bring into view the opening, and beneath it the femoral blood vessels, or rather their sheath. Now, to discover the mode of formation of this sheath, we must look within the abdomen. When we were studying inguinal hernia, you will recall the fact that there was a loose connective tissue upon the sides and front of the abdomen, which bound the peritoneum to the transversalis muscle, and that this was called the transversalis fascia. This continues around to the posterior portion of the abdomen, but here covering in the iliac muscle, etc., it is called iliac fascia. The first named fascia, therefore, comes down from the anterior abdominal walls, the latter from the posterior, and meeting beneath Poupart's ligament, are prolonged down the vessels, forming their sheath, being pushed down or elongated so as to follow them to their ultimate ramifications.

Now let us study all the structures which pass beneath Poupart's ligament, and we shall be able to understand why a hernia takes the route which it almost invariable does. The space between this ligament and the bone from the ant. sup. spin. process to the symphysis is known as the crural arch. Poupart's ligament, the thickened edge of the aponeurosis or tendon of the external oblique muscle, is not merely attached to the symphysis, but spreads out in a fan-like manner, and is pronged back upon itself along the ilio-pectineal line, where it is known as Gimbernat's ligament. Through this crural arch pass certain structures. Counting from without inward, they are iliacus and psoas muscles, anterior crural nerve, femoral artery, femoral vein. These fill up the entire space, save a little at the inside, between the femoral vein and Gimbernat's ligament, which is the only point where an intestine can force itself out, since between each of the structures a little bar or partition of connective tissue is sent down from Poupart's ligament to the bone.

There is also one of these partitions inside of the vein which explains the fact that it is never pressed upon efficiently to produce œdema of the limb, even though the hernia be large. This space is called the crural ring (or to follow the analogy to inguinal hernia, the internal femoral ring). It is bounded

within by Gimbernat's ligament; without, by the femoral vein; anteriorly, by Poupart's; beneath, by the pubic bone.

This, then, is the weak point, and in order to strengthen it as much as possible, nature endeavored to close it up after the transversalis fascia was pushed down to form the sheath of the femoral vessels, as I have before described. This was accomplished by depositing just at this point a mass of fat in that connective tissue which everywhere binds the transversalis fascia to the peritoneum known as the sub-peritoneal connective tissue. This thickened tissue has received the name "crural septum."

The femoral canal is the space within the sheath of the vessels, from the internal ring to the external.

Now let us follow the route of a hernia. It pushes down the peritoneum against the internal femoral or crural ring, but this is closed by the "septum crurale," as I have said, which is carried down as the second covering. Now it passes down along the femoral canal, within the sheath of the vessels to the inside of the vein, until it reaches a point an inch and a half below Poupart's ligament, where it finds a weak point through which it can protrude—it is the saphenous opening or external femoral ring. Through this, then, it passes outward, taking with it the "sheath of the vessel," which receives the name "fascia propria," and the "cribr form fascia," which closed this opening, after which it meets with no opposition, for the only overlying structures are the superficial fascia and skin.

To recapitulate, then, the coverings of a femoral hernia are: peritoneum, septum crurale, fascia propria, cribriform fascia, superficial fascia, skin.

The fascia propria or sheath of the vessels may be ruptured so as not to constitute a covering, and the cribriform fascia is also sometimes wanting, as it is possible for a slowly forming hernia to dilate and pass thro gh one of the many orifices with which it abounds. After a hernia has passed out of the saphenous opening it frequently turns upward so as even to lie over upon Poupart's ligament, and might be confounded with an inguinal. This tendency to pass upward should always be remembered in attempts at reductions, and the first movement in taxis is always to draw the tumor well down so as to free it from the sharp superior cornu of the falciform p ocess or Hey's ligament, which is usually the constricting structure.

As in inguinal hernia, so here we have irreducible and strangulated conditions, and our second case is one of the latter variety; the patient having now been unable to reduce it for several days, and she has had considerable pain in the hypogastric region, with nausea and constipation. The symptoms are not severe, but should they increase, and attempts at reduction fail, we shall undoubtedly relieve her by operation. Let us first try the effect of taxis. We first place her upon her back with the hips slightly elevated, flex the thigh upon the abdomen, rotating it inward at the same time, and then bring her to a full state of anæsthesia, thus obtaining all the conditions most favorable for success. Grasping the tumor gently between the thumb and fingers of the right hand, I then draw it firmly down until I am sure, with my left hand, that it is freed from the sharp edge of Hey's ligament, when I knead or manipulate it in such a manner that every portion may be released from the borders of the ring. It is first to be drawn downward, then pushed inward through the saphenous opening, and then upward in the line of the femoral canal. This is a work of patience and care, since all violence is utterly unjustifiable and even harmful. If we should not be successful we should place her in bed, give a warm hip bath, a full grain of opium every two hours, combined with 1-36 of a grain of tartar emetic, and apply bags of ice over the tumor—which will probably cause it to disappeared spontaneously in the course of a few hours. You see that I have consumed many moments in these manipulations; though using no force, yet I plainly feel that the tumor is diminishing in size, and now the contents slip suddenly and the hernia is reduced. Had this result been unattained, I should not have continued these attempts much longer but should have waited, provided the symptoms were not serious, using meanwhile the treatment before mentioned.

Now that it is reduced, what shall we do? Keep the patient in bed for several days, and open the bowels gently on the third day, by a small dose of castor oil, or enema. Then our care will be to prevent a similar accident by means of an accurately fitting truss, which shall press upon the crural canal, just below Poupart's ligament The same principles will guide you here in its selection as in inguinal hernia, and the truss itself differs only in having the pad attached to a longer arm, and being smaller and more rounded in shape. Remember the rule which I gave you, *never* to allow the patient to assume the erect posture without this support.

When taxis fails to reduce a strangulated intestine, and the symptoms of pain, stercoraceus vomiting, collapse, etc., become serious, herniotomy should always be performed at once, before the vitality of the parts is destroyed. This is best done by making a single long, straight incision through the skin, three quarters of an inch inside of the artery, and directly over the most prominent portion of the tumor, a T cut being rarely necessary. The patient should always be drawn to the foot of the bed or table, and the feet supported upon two chairs.

The different layers of coverings are now to be slowly lifted upon the grooved director and separately divided; but you must not expect to find that accurate stratification which your anatomical knowledge would indicate,

for the long pressure of the hernia has probably agglutinated them all into one. Avoid the saphenous vein—tie all cut arteries. When you reach the peritoneal sac you will recognize it by the arborescent appearance of its blood vessels, and by its smooth appearance. There are usually several layers of the superficial and cribriform fascia, which may be strong enough to require division with the knife, but will usually tear with the director, the principal instrument to be used in this step of the operation. When the sac is thoroughly cleaned and isolated, the finger is carried in and the nail hooked underneath the edge of Hey's ligament, when a probe-pointed hernia knife is slid along the palmar surface, flatwise, with the edge pressed against the finger, until it has passed beneath the constricting band; then to be turned up and the retained finger used to press it gently upward until the fibers yield a little. This is sufficient, and it should be turned and with drawn while the finger is carried forward, tearing and dilating the orifice to a sufficient extent, if possible, to admit of the return of the gut.

Occasionally you will not be able to catch the nail beneath this falciform process, but the finger may sweep up into the surrounding connective tissue, in which case you may know that there are still some bands which must be broken up and cleared off from the sac. Some surgeons recommend the introduction of a director beneath the constriction, but I think this an unsafe and unnecessary procedure. The incision is always to be made upward and inward, since this is the only safe direction. On the outside lies the femoral vein, above the epigastric artery to the outside, and the spermatic cord in the direct line, all of which must be avoided. If this cut should not be sufficient, Gimbernat's ligament may also be divided in a similar manner; but here there is another danger to be remembered, and that is the obturator artery, which is usually given off as a branch of the anterior division of the int. iliac, but which has an anomolous origin once in two and a half cases. It may arise from the ext. iliac, from the epigastric or from the femoral itself, and in any case would be obliged to take an abnormal route to reach the obturator foramen. Occasionally it passes directly down alongside of the vein, but more frequently skirts around Gimbernat's ligament, in which case it must lie directly in the path of the knife. If injured it sometimes bleeds profusely, requiring torsion or ligation for its arrest, but this may be prevented by using a knife so dull that the artery would recede before its edge, while the tense fibers yield much more readily. It is also avoided by making the nick but a line deep, leaving the rest to be torn by the finger.

When the constriction exists, however, in the neck of the sac, or when there is doubt as to the vitality of the incarcerated intestine, this operation will not be sufficient and the sac must be opened. I neglected to mention that the fascia propria is often so thickened by the pressure of a truss, and so congested by futile attempts at reduction, that it is almost impossible to distinguish it from sac or omentum, especially as it is frequently filled with bloody serous cysts, etc. Its smooth, regular appearance would, however, distinguish it from omentum, and the absence of the characteristic vessels from sac. If, on any doubt, however, a slight nick, if it be sac, will allow a little fluid to escape and decide the question. The sac being next carefully opened, the failure in reduction may be found to be due to adhesions of intestine or omentum to it, in which case they should be gently separated. The omentum or intestine should be thoroughly unraveled and examined to see whether they still contain sufficient vitality to warrant their return into the abdominal cavity. Having decided its advisability, they may be carried far up past the crural ring, the neck of the sac, or the fascia propria, or even Gimbernat's ligament sometimes requiring additional incising. The cuts are all made in the same direction, *i. e.*, upward and inward. The sac is to remain.

Gimbernat's ligament is to be incised as little as possible, since its free division renders future retention difficult. Strangulated portions are to be treated precisely as I told you in inguinal hernia.

The subsequent treatment consists in bringing the wound together with interrupted sutures, and covering with compress and spica bandages, then putting the patient in bed with the thighs flexed, and giving just enough opium for the next six or eight days to keep the bowels and constitution calm. The bowels are to be allowed to rest until the ninth day, when they may be cautiously opened. A turpentine enema may be previously given, provided tympani be troublesome. The diet should be light at first, followed then with plenty of milk and beef essence. After a few days there is but little danger of peritonitis, but if this arises it is to be appropriately treated with turpentine stupes, poultices, hot cloths, stimulants, opium, etc. Of course a truss will be ever afterward necessary.

Degrees.

The Scotland *Church News* announces a forthcoming work on *Degrees*. It is to be published in London, and, it is said, will comprise much valuable information as to degrees in general, and a complete exposure, after searching inquiry, of the traffic in "Brooklyn," "Philadelphia," and other equally worthless degrees, and will be dedicated, "without permission and with no respect, to those D. D.'s, LL. D.'s, and Ph. D.'s, who have attained 'honors' at the expense of honesty."

EDITORIAL DEPARTMENT.

Periscope.

The Treatment of Fever.

On this broad subject Dr. CHARLES MURCHISON lays down the following principles in *The British Medical Journal:*

1. To remove when possible, the cause on which the fever depends.

2. To promote elimination, not merely of any morbid poison, but of the products of exaggerated metamorphosis in the blood and tissues.

3. To reduce the temperature and the frequency of the action of the heart.

4. To maintain the nutrition of the tissues and stimulate the action of the heart by appropriate food and stimulants, taking care, at the same time, not to excite congestion or increase the work of the already overtasked glandular organs.

5. To relieve dangerous and distressing symptoms.

6. To obviate and counteract secondary complications.

1. Unfortunately, it is not often that we have it in our power to remove the cause of pyrexia; but the object is one always to be kept in view, and sometimes the main efforts of our treatment must be directed to secure it; as, for example, pyrexia depends upon pent-up pus, an obstructed bowel, or gouty, sphilitic, or periosteal inflammation.

2. The elimination of any morbid poison, as well as of the products of exaggerated metamorphosis, will often be promoted by the judicious employment of diaphoretics, diuretics, purgatives, and emetics. The old practice of commencing the treatment of pyrexia by giving a purgative to unload the portal circulation and promote the action of the liver, is undoubtedly a good one, and is particularly advisable in persons of robust habit, or who live too well. In mild cases of pyrexia, the only treatment necessary consists in the avoidance of any chill, and in the administration of a mild aperient, followed by frequent doses of diuretics and diaphoretics, such as the citrate of potash, or the liquor ammoniæ acetatis with spirit of nitrous ether. Elimination will also be promoted by a plentiful supply of fresh air, which will favor the escape of carbonic acid from the lungs, and by the free use of diluents, which will help to wash away through the kidneys the products of tissue-waste. In all grave cases of fever you will remember the importance of maintaining the action of the kidneys, and of keeping a good watch on the state of the urine; noting carefully not so much its color and the presence or absence of lithates (both of which characters will depend much on the quantity), but the quantity and the presence or absence of albumen. When the quantity becomes notably diminished, or albumen appears, advantage will often be derived from hot poultices to the loins, aperients, diaphoretics, diluents, and diuretics. But while you promote elimination, you must take care that the means for this end do not weaken too much the action of the heart; and you must remember that, in some fevers, the natural processes of elimination are excessive, and conduce to dangerous exhaustion and death.

3. For reducing the intensity of the pyrexia, different measures have been proposed.

Blood-letting was at one time universally resorted to for this object, but in this country it is now entirely discarded, because it was found to increase one of the great dangers in pyrexia, viz., failure of the heart's action. There are few accurate observations on the effects of blood-letting on the temperature of pyrexia; but we know that, when a copious bleeding of the nose or the bowel takes place in enteric fever, although the temperature may fall below the normal standard, it speedily regains its former height or rises above it.

The external use of cold water is one of the most certain means of reducing temperature in pyrexia, and in certain cases is attended with good results. The attention which this practice is now attracting will justify the following remarks: In the seventeenth century the brothers Hahn, of Leipzig, treated fevers by the external use of cold water, but their observations were soon forgotten. Toward the end of last century (1787) cold affusion was proposed by Dr. Currie, of Liverpool, both for arresting and mitigating fever. The patient was seated naked in an empty tub or bath, and several buckets of water, of a temperature of 50 or 50 deg. Fahrenheit, were poured from a height of from 2 to 3 feet, or more, over the head and chest. He was then hastily dried, and restored to bed, and, in most cases, the operation was repeated once or twice daily. It was stated that, in many cases, if resorted to during the first three days, this treatment arrested the disease; while, in others, it reduced the pulse and temperature, relieved many of the distressing symptoms, and particularly the headache, restlessness and delirium, and conducted the disease to a safe and speedier issue. The affusions were employed at any stage of the fever; but the effects were always most salutary at an early stage. They were said to be contraindicated when the temperature of the skin, ascertained by the thermometer, was not much above the normal standard, or when, notwithstanding an elevation of temperature, the patient com-

plained of chilliness, or suffered from severe diarrhea or profuse sweating.

The wonderful results obtained by Currie were confirmed by numerous observers in different parts of the world, whose testimony is recorded in the edition of his work, published in 1804.* But in the British epidemic fever of 1817 9, the practice was followed by many with great perseverance, and the general result, according to Sir Robert Christison, was that in very few cases, if any, was the disease arrested by it; that although an abatement of febrile heat and restlessness occurred almost invariably, it was of short duration, and not to be made permanent by any frequency of repetition; that as much good eventually was attained by frequent cold or tepid sponging, together with cold applied to the head; and that often the cold affusion occasioned for a time after each application an intense feeling of pressure and weighty feeling in the brain, which could not be regarded without some uneasiness.† These statements, backed by professional and popular prejudice, account perhaps for the subsequent neglect of cold water treatment of fevers. But the observations made of late years by Brand, of Stettin, Jurgensen, of Leipzig, Liebermeister, of Basle, Ziemssen, of Erlangen, and H. Weber and Wilson, of London, show that, although the practice may not shorten the fever, and is often inapplicable, yet under certain circumstances it is useful not only for reducing the temperature, first of the surface and then of the interior of the body, but for relieving headache and other distressing symptoms, removing congestion of the kidneys, warding off delirium and coma, and rousing the nervous system in cases of excessive stupor. The circumstance has perhaps been too much lost sight of, that cooling the body may not influence the conditions on which the development of heat depends; but with reduced heat it may be assumed that there will be diminished metamorphosis, to the non-elimination of the products of which many of the dangers of fever are due. In point of fact, Schroeder, of Dorpat, has ascertained that cold baths effect a marked diminution in the excretion of carbonic acid and urea in fever;‡ and as this was not attended by any aggravation of the general symptoms, it is fair to attribute it to a retarded metamorphosis of tissue.

Statistics have been appealed to to prove the great success of the cold water treatment of fevers (particularly of enteric fever) as contrasted with that of an expectant method; and, although other conditions not stated may have helped to influence the result, they suffice to show that the practice is not beset with the dangers commonly imagined. But the most conclusive facts in favor of the practice are those observed in certain cases of hyperpyrexia by Dr. Wilson Fox* and others, where its employment was followed by recovery from an elevation of a temperature (110 deg. Fahr.) which under every other method of treatment has been speedily followed by death. At the same time there are many cases of pyrexia in which the cold effusion or immersion would be unsuitable or injurious. It is likely to be of the most service when the temperature is under 102 deg. Fahr., or when the extremities are cold, although the temperature of the central parts of the body be high; and it must always be employed with caution when there are the signs of weakened cardiac action or of stagnation of blood in the capillary circulation, although it may be noted that in one of Dr. Fox's patients, who was apparently rescued from death, the face was cyanotic, and the radial pulse imperceptible.

There are different plans for employing cold water in the treatment of pyrexia, such as the cold affusion practiced by Currie, packing in a cold wet sheet resorted to by Brand, or immersion in cold baths. The last is the method now most in fashion. The patient is placed in a bath having from 50 deg. to 70 deg. Fahr., or better, as Ziemssen recommends, in one whose temperature is about 10 deg. below that of the body, but which, after the patient's immersion, is gradually cooled down to 68 deg. by adding cold water. He should remain in the bath for half an hour, or until shivering comes on, and all the time he is in the bath his limbs ought to be rubbed by assistants. He is then to be hastily dried and put into a warm bed. For some time after the bath, the temperature in the rectum continues to fall as the trunk parts with its heat to the extremities; but as soon as the temperature in the rectum rises again to 104 deg., the patient ought to have another bath. In the early stages of the fever, as many as seven or eight baths in the day may be necessary. When cold affusion or immersion is contraindicated or inexpedient, frequent sponging of the surface with cold or tepid water will also help to cool the body, and is often a source of much comfort to the patient.

Quinine in large doses has an undoubted influence in lowering the temperature of pyrexia. In most cases of severe pyrexia, ten, fifteen, or twenty grains will, within an hour or two, cause a fall of the temperature to the extent of three or four degrees, and to a less degree of the pulse.† It is true that the effect passes off after a few hours, and that there is no good evidence (except in malarious fevers) of its cutting short the natural course of the attack; but the effect may be maintained by a repetition of the dose; and

Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fevers. By James Currie, M. D. F. R. S. 1804.

†Article, "Continued Fever" (*Library of Medicine*, vol. i, 1840).

‡Ueber die Einwirkung kalter Bader auf die Co2—und Harnstoff—ausscheidung beim Typhus.—*Deutsch. Archiv. klin. Med.*, 1869, Bd.; vi, s, 385.

**On the Treatment of Hyperpyrexia by Means of the External Application of Cold.* London: 1871.

†For evidence on this point, see Report of a Committee (of which I was a member) of the Clinical Society.—*Trans. Clin. Soc.*, 1870, vol. iii.

the remedy has often apperred to me to be of signal service when a pyrexia was at its crisis, and when the temperature was rising in place of falling.

Digitalis, Aconite and Veratrum Viride have a marked power in reducing the pulse, and, to a less extent, the temperature in pyrexia, and are, in my opinion, too much neglected for these objects in practice. Veratrum viride is largely used in America in the treatment of fevers, and its effect upon the pulse is speedy and most decided; the only objection to its use in private practice which my experience suggests is its liability to induce sudden nausea and faintness, but these symptoms are transient, and cease on the administration of a stimulant. Ten or fifteen minims of the tincture may be given every four or six hours. Aconite is a remedy of great value for reducing the pulse and temperature in fever, and especially in the pyrexia resulting from local inflammations, and is much less used than it deserves to be. Digitalis is another remedy which I have often found very serviceable in various forms of pyrexia. While increasing the force of the cardiac contractions, it diminishes the frequency of the pulse, reduces the temperature, and increases the flow of urine. Lastly, *antimony* reduces, in a marked degree, the frequency of the pulse in pyrexia, and promotes diaphoresis and mucous secretion. It was at one time largely used in all fevers, but in many it is contraindicated by its tendency to weaken the contracting power of the heart.

4. The nutrition of the body must be maintained by appropriate food, in the form of milk, beef-tea, eggs and farinaceous articles. Not long ago it was a custom to starve fevers; and you may probably have heard that the late Dr. Graves, of Dublin, who was mainly instrumental in doing away with this objectionable custom, expressed a wish that his epitaph might be, "He fed fevers." The modern tendency, however, is perhaps to over-feed fevers, and especially to give too much nitrogenous food. Dr. Parkes has shown that there are theoretical objections to a purely nitrogenous diet in fevers. It is doubtful if the disintegrating nitrogenous tissues can be fed; and in that case the albuminous food must be got rid of by the already over-tasked glandular organs. Milk is in most cases preferable to beef-tea as an article of diet in fevers.

In many cases of fever it will be necessary to give stimulants. You must not give stimulants simply because the patient has fever. Many patients with fever do better without them. But you must not refrain from giving stimulants when the heart shows signs of weakness, as happens in the advanced stages of most protracted fevers. The heart may be artificially stimulated by sinapisms and other irritating applications to the skin, but better by the internal administration of ammonia, ethers, and alcohol, in quantities proportioned to the weakness of the heart and pulse.

5. In every case of pyrexia, you must combat dangerous symptoms as they arise. Stagnation of blood in the pulmonary capillaries impeding the aeration of the blood is to be met by stimulants, such as alcohol, carbonate of ammonia, and ethers. Digitalis, by strengthening the heart's action, and turpentine, which seems to stimulate the capillary circulation, are also useful under these circumstances; while advantage will likewise be derived from mustard and linseed-poultices to the chest, and from warm applications to the feet. When uremic symptoms predominate, the action of the skin and bowels is to be promoted, digitalis and saline diuretics may be given to increase the flow of urine, sinapisms and linseed-poultices are to be applied over the loins; while attempts may be made to rouse the patient by cold affusion to the head, by blistering the shaven scalp with liquor ammonia, and by sinapisms to the nape and feet. In many cases of fever you will also be called upon to relieve distressing symptoms—such as diarrhea, pain, sleeplessness and delirium—which, if unchecked, hasten exhaustion and prevent recovery.

6. You must counteract, as far as possible, secondary complications, which will vary according to the primary cause of the pyrexia, and which always add to the patient's danger.

Lastly, I would caution you against two errors in the treatment of pyrexia.

1. You must take care that the remedial measure which you adopt in no way thwart the natural modes of recovery, or favor the natural modes of death.

2. At the same time you must not be content with adopting a treatment of pure expectancy. You must not forget that the natural termination of pyrexia may be death, as well as recovery.

Operation for Elongation of the Long Bones.

Prof. J. C. HUGHES reports the following case and novel operation in the Transactions of the Iowa State Medical Society:

James H. Dimond, æt. 13, during the month of October, 1856, was thrown from a horse-cart, producing a comminuted fracture of the left femur, in its upper third. The limb was immediately placed in position, and dressed with the long splint—*Desault modified by Physic.* No unpleasant symptoms attended the treatment, and at the expiration of further protection to the limb, I continued dressings to the leg for twenty days longer, when I removed the entire dressings, the limb giving evidence of perfect recovery. He now began to move about upon crutches, and in a few days was engaged in the sports upon the snow with a hand-sled. At the expiration of two months—which time I had been absent from the city—the patient presented himself at my office, with the leg, to my great astonishment,

so distorted and shortened that, upon measurement, I found a difference of two and one-quarter inches—the convexity of the bend being just below the great trochanter, forming a very angular curve. Upon inquiry, I found the bending to have been gradual, having commenced soon after the removal of the dressings, but now so firm as to forbid any hope of restoration from treatment, short of operative interference. The breaking down of new deposit, by the establishment of fracture, in a case which had been comminuted, did not offer much in the way of cure. The deformity, however, continued to increase, until the shortening measured two and three-fourth inches, interfering materially with locomotion.

During the summer of 1857, he became anxious to have the limb straightened, and consulted me several times. I gave him some encouragement in relation to the result which might follow an operation, but advised him to wait until the fall. I frequently examined it after that time, and, weighing the chances of a cure, by Barton's method of operating, concluded to suggest what I conceived to be an improvement—one in which, if the operation could be made successful, would not only correct the deformity produced by the curve, but would restore the limb to its natural length. After having secured the consent of patient and friends, I presented the claims of the operation to my colleagues in the medical department of the Iowa University, who thought favorably of the new method suggested, and sanctioned its adoption. On the 5th of December, 1857, before the medical class of the University I presented the patient, and after a full explanation of the case—the dangers as well as what I conceived to be the advantages of the operation—I proceeded in the following manner. So determined was the patient to have the operation performed, that when upon the operating table, just before commencing the administration of chloroform, used the following significant language: *Here goes for a straight leg or a dead body!*"

Having prepared a needle six inches in length, of malleable iron, I attached to it the chain saw; then, with the scalpel, made an incision some three inches in length, directly over the greatest convexity of the curve, and laid bare the bone, which was, at this point, almost, if not entirely, twice its natural thickness. I now entered the needle on the inside, and with the use of considerable force, pushed it around, hugging the bone so closely with the needle's point, as not to endanger vessels or nerves, and doing but little injury to the soft parts. As the point of the needle reached the opening or entrance on the opposite side—having made the circumference of the bone—I took hold of its point with a strong pair of forceps, and forced it through, leaving the chain-saw in contact with at least three-fourths of the circumference of the bone, including the concavity of the curve. Having secured for the saw the position desired, I at once affixed the handles, and proceeded to cut through from the inner or concave surface. Not wishing to sever the entire thickness of the femur, I made the incision extend about three-fourths through, and then, with pressure from the outside, or from the convex surface, broke down the outer fourth, which, with the periosteum and soft tissues, kept up the attachments between the extremities of the bone. Having now removed the saw, I was enabled to make extension which would give me the full length of the sound limb. The gap or space secured, by which I gained length, was on the inner or concave surface, instead of the outer or convex, as in Barton's method. I had not removed a wedge-shaped portion of bone, as by the old method; but had secured, by making my incision from the inside, a wedge-shaped space, which, when extension was produced, could fill up and be united by any bony deposit.

I at once placed the limb in Desault's long splint, and treated as for compound fracture. The danger to be anticipated from the injury inflicted upon the tissues, and the presence of bone-dust produced by the saw, would be active inflammation followed by extensive suppuration. This was, however, more imaginary than real. The case progressed most favorably, scarcely maintaining the ordinary symptoms of compound fracture. But little suppuration followed—the discharge of pus being confined to the original wound. In ten weeks and three days he was removed to his home, one mile from the hospital, and in four months from the operation, he was able to attend school. His health improved, the leg became strong, and in a few months I found him acting as bell-boy in one of our hotels, making good time either up or down a staircase. The limb, which had been two and three-fourth inches shortened, was now within half an inch of the length of the sound one.

Paracentesis in Pleurisy and Empyema.

Dr. HENRY W. FULLER, in a recent lecture in *The British Medical Journal*, says:

I propose to take into consideration some of the effects of pleurisy and their treatment, and particularly to discuss the propriety of tapping to withdraw the effused fluid from the thoracic cavity. In an ordinary attack of pleurisy, the symptoms subside, without the adoption of any active local treatment. With fomentations to the chest and appropriate internal remedies, the patient generally recovers. But in some cases, either from an original fault in the constitution, or from neglect of treatment in the onset of the attack, the accumulation of fluid in the thoracic cavity becomes very great. All ordinary measures fail to produce absorption of the serum; the lung becomes compressed; the respiration is seriously interfered with; and the adoption

of some other remedies becomes essential for the relief of the patient. We often meet with cases of this kind in the hospital. They come in with the pleural cavity full of fluid; no respiration is to be heard on the affected side; and, notwithstanding the application of blisters, etc., there is no lessening of the fluid. Something further must then be done; and tapping of the chest under these circumstances is constantly practiced.

I remember the time when tapping of the chest never was had recourse to except where the patient was almost at the point of death. It was said that the admission of air into the pleura was almost necessarily fatal; and that tapping was an extreme measure to be had recourse to only when it was obvious that the patient must otherwise die. The delay till the patient was utterly exhausted made the tapping useless, and the operation almost invariably proved fatal. Of late the error has been in the other direction—namely, tapping too early; and it is in reference to the question of tapping, as illustrated by the case of Andrews, in the Cambridge Ward, that I wish to speak to you to-day. I shall first say a few words with reference to thoracentesis when the fluid is simply serous. If you are called to see a patient, whose chest is full of fluid, it is well to ascertain at once, by a small-grooved needle or an aspirator, what the fluid is. It may be simple serum, or it may be a sero-purulent fluid. The question of tapping must be considered under both of these heads. If the fluid drawn off by means of the aspirator prove to be simple serum, and the patient's breathing be not seriously oppressed, you should try to promote absorption by remedial agents before having recourse to tapping. Diuretics, diaphoretics, iodide of potassium, mercury, and other remedies, have been employed for this purpose, but in most instances with little or no result. In many cases, however, blisters have proved beneficial; and so also has the constant application to the chest of a weak solution of iodine, which I am in the habit of applying to swollen joints, viz.: an ounce of the compound tincture to two ounces of glycerine and five of water. The advantage of this weak solution is, that you get all the absorbent properties of iodine without damaging the cuticle, and so destroying the absorbent surface. In aid of blisters and the iodine lotion, it is advisable to have recourse to what has been termed the *dry method* of treatment, which is the denying the patient any fluid food, so as to promote the natural absorption of the fluid in the chest. When the pleural membrane is healthy, this method will almost prove sufficient of itself to remove the fluid, by rendering the vessels eager to take up fluid wherever they can get it; and it should always be resorted to in aid of blisters and absorbent applications to the chest. But in cases of pleurisy, where the pleural membrane is unhealthy, I believe the dry method rarely does much good, and certainly is not to be relied on. In the great majority of cases, if, after the lapse of a month, the chest be full of fluid, and the general health be suffering, something must be done speedily to relieve the patient, and tapping is the only reliable expedient.

But here arises a question which is much discussed. I refer to the admission of air into the pleural cavity. It is commonly stated that if you admit air into the pleural cavity the pleural membrane will probably thereby become irritated; and the discharge, instead of remaining simple serum, will become sero-purulent, and ultimately purulent. In consequence of this opinion all sorts of contrivances have been adopted to exclude air—syringes with elaborate stopcocks; trocars with elastic tubes, opening under water; and a variety of others. All these, however, in the majority of cases, are simply useless. The idea that it is possible to draw off the fluid from the chest without admitting air contravenes a well established physical law, and therefore these contrivances fall in their object. I wish you seriously to consider the condition of the organ with which we have to deal. We are dealing with a *closed cavity*, and its walls are more or less rigid. If you take a cavity, such as a cask, with perfectly rigid walls, you can get nothing out of the cask by tapping it, unless you admit air. Nature abhors a vaccum; and it is a well known and recognized physical law, that nothing can be taken out of a cavity without the admission of something else in its place. The chest resembles a cask in being a closed cavity, and differs from it only in having walls which will yield in various directions. The ribs will yield; the lungs will expand to a certain extent; the mediastinum will press on to the affected side to a certain degree; the space above the clavicle will fall in; and the diaphragm will rise a little; and to that extent, *but to that extent only*, is it possible to draw off fluid from the chest without the admission of air. Well, then, in a simple effusion, in many instances we shall do well to exclude the air, although there is not a great deal of harm in admitting it. In the vast majority of cases where air has been admitted, it has all disappeared in twenty-four hours; and for its setting up a purulent condition of the contents, it is a matter of theory, and not of practice—only occurring in exceptional cases. I have advised the operation over and over again in this hospital, and I have let the patient pump air in and out of the pleura for five minutes in succession, to show you that no evil consequences result. Not that I recommend you to do this in practice, because, in the great majority of instances in which pure serous effusion exists with great tension of the thoracic cavity, it is useless to do more than draw off a certain portion of the fluid, and so relieve the tension of the thoracic walls. When this has been effected, absorption of the remaining fluid usually takes place in the natural way. The chances are that, if you withdraw twenty

ounces—and in a flexible chest you may withdraw thirty ounces without the admission of air—the remainder will be absorbed in the natural way, and the patient will make a good recovery. Here it is needless, and therefore wrong, to run the risk of admitting air; but I would at the same time point out to you as the result of my experiences, that the vast majority of cases in which air has been freely admitted have made a good recovery.

Removal of the Uvula.

Mr. E. NOBLE SMITH, L. R. C. P., M R. C. S., writes to the *British Medical Journal:*

I am induced to bring this subject before the profession for the following reason. Twenty years ago the late Mr. Yearsley published these remarks: "*Excision of the Uvula.* In order to gain all the advantages, and insure no disadvantage, from this operation, it is necessary that *the whole* of the uvula should be removed, and not part only, as has been the usual practice. It is owing to this partial removal that patients have occasionally been sadly inconvenienced by the irritation kept up by the food, in its passage through the isthmus, striking against the amputated surface. In consequence of such result, Dr. Bennati, a talented physician of Paris, who some years ago used to amputate the extremity of the uvula in singers, discontinued the practice. In the numerous cases in which I have performed *total excision*, I have never seen such a result. It may therefore be set down as an axiom that *shortening* or *snipping* the uvula is a most objectionable operation; whereas its entire removal, by which the palatine arches are thrown into one, is an operation which in suitable cases is to be commended. The utmost pains have been taken to ascertain the results of loss of the uvula; but in no one case can I find that the slightest inconvenience has arisen from its removal. The fact that the removal of the uvula involves no subsequent inconvenience to the patient, is of itself of the greatest interest both in a physiological and a practical point of view."

Notwithstanding this sound advice, there still remain many members of the profession who practice snipping or partial removal; to the detriment of both patient and practitioner, and with the result of causing the public strongly to oppose operative interference. I have lately met with numerous cases in which patients have submitted to what was styled removal of the uvula, proving, however, but a *partial* removal. The consequence has been that the raw surface has remained dangling, irritated by every morsel of food that passed down the throat; and in some cases inflammation has arisen, spreading to the throat and larynx; weeks of suffering have occasionally followed, terminating generally by leaving the uvula as long as it was before the operation.

It is not surprising to find this remedy often condemned, upon the following grounds, viz.: that it causes much pain and suffering, and is of no permanent benefit, for the organ almost invariably grows again. Not only is it thus, but very many members of the profession are impressed with the idea that excision of the uvula is an unjustifiable, or rather an useful operation, and they have, therefore, discontinued it; others, more persevering, have resorted to repeated snipping, with an uniform result of regrowth. With regard to entire removal which I have always practiced, the possibility of detrimental hemorrhage is advanced as an objection; and I believe some cases are upon record where the excision has been followed by unpleasant results. Patients have been known to bleed to death after the removal of a tooth; but that fact would scarcely be a sufficient argument to deter any one from the operation of tooth-drawing. In the loss of either an uvula or a tooth, common precautions would avert so unfortunate an event.

All the cases in which I have removed the uvula have resulted satisfactorily; and I have experienced the good fortune of not having had any in which the bleeding has not been almost immediately stopped by cold water gargle. In one case, the patient had an enormously enlarged uvula, half an inch in thickness, and extremely vascular. I feared that the removal might possibly cause some troublesome bleeding, so I had in readiness some of the strong liquor ferri perchloridi with which to touch the wound; but I found its use quite unnecessary, as the hemorrhage stopped in a very few moments. If in any case iron failed, I should apply a wire-ligature, which could be very easily done with an instrument that I have had made for excising very vascular uvulas; a description of which I hope to give upon some future occasion.

The following case is, I think, worth recording, in order to illustrate another feature of the malady, to which I wish to call the attention of the profession.

T. B., æt. 34, had apparently been a powerful man; but, at the time when he applied for treatment at St. Mary's Hospital, in the middle of June, 1868, he appeared to be suffering from advanced phthisis. He was extremely emaciated, and had a distressing cough, which had commenced in April, and continued in spite of all treatment. He had been losing flesh and strength rapidly, and had just previously been treated, he said, for consumption at an eminent hospital. I examined his lungs, and was surprised to find no sign of disease. I then looked at his throat, and found an extremely elongated uvula; the throat was also inflamed. I prescribed chlorate of potash and bark, and astringent gargles; but the uvula remaining enlarged, I cut it off. From that moment the cough stopped, and the man continued to improve until August 25th, when he was quite well and strong.

I have had many patients who have been undergoing treatment for lung disease, whose maladies ceased with the removal of the uvula.

Disinfectant Treatment of Small-Pox.

Dr. STEVENS writes to the *British Medical Journal:*

Having lately had charge of two small-pox hospitals in Plymouth, I have adopted the disinfectant treatment of Dr. Sansom, of London, viz., the administration internally of bisulphate of soda every four hours, and the application of olive-oil and carbolic acid to the pustules externally. By these means, he contends, that "the patients are themselves disinfected, and rendered inocuous to the community at large." I must say that this plan has been attended by more favorable results than any other with which I had previously been acquainted, and can most strongly recommend it to my professional brethren. I have, however, to make certain that no infection should be conveyed to the public after leaving the hospital, caused each patient to be put for a quarter of an hour on three successive days into a bath containing a pint of chloralum. This has been done immediately convalescence has been established, and the patients have been discharged from the institution forthwith. By this proceeding much expense has been saved, and the beds made available for other sufferers in quick rotation. I have also employed chloralum in solution as an external remedy before the application of olive-oil and carbolic-acid. This has been the means of cooling the inflamed surface and of allaying the itching.

Renewal of a Joint after Resection.

Dr. V. CZERNY describes in the *Archiv für Klin. Chir.* (Band xiii.) an interesting case of reproduction of the elbow-joint after resection:

The subject was a weakly girl æt. 13, whose elbow had become anchylosed in a faulty position after inflammation. On account of this, and of the presence of caries which was extending on the ulna, resection was performed. The piece of bone removed was one and one-third inches long in front and two and a half inches behind; the articular portion of the humerus and of the bones of the forearm were thus taken away. The child recovered, with power of moving the elbow between the angles of 60 and 113 degrees; rotation, however, was impossible. The external appearance of the limb was normal. Two and a half years after the operation the child died from pneumonia supervening on suppuration of the knee-joint. On examition, the muscles surrounding the joint were found to possess normal attachments. Between the triceps and radius, a piece of bone eight lines long was found, forming the analogue of the olecranon. At the end of the humerus, two distinct condyles had been developed, having between them a concave surface, which articulated with two facets in the upper end of the radius and ulna. The articular surfaces were covered with cartilage; and there was a synovial membrane.

Treatment of Small-Pox.

Dr. STOKES read a communication to the Dublin College of Physicians on the treatment of small-pox, especially considered with a view of the prevention of pitting after the disease. He pointed out that the existence of the present epidemic was a sufficient answer to the assumption that small-pox had been stamped out in Ireland. In his opinion another example of the change of type in disease, an asthenic form of zymotic affections having taken the place of their previously existing asthenic character, was afforded in the instance of variola. He believed that the liability to pitting was greater in sthenic than in typhoid cases, and in searching for a reason he had found that the tendency to pit depended mainly on the degree of vascularity of the skin. The indications to be fulfilled in the attempt to check or even entirely to prevent the occurrence of this unpleasant consequence of small-pox were three: 1, the exclusion of air; 2, the maintenance of the parts affected in a moist state; and 3, the alleviation of local irritation. All these indications were satisfied by the repeated application of soft linseed-meal poultices to the face, which was the part most exposed to the air, consequently the most dry, and lastly the most highly vascular. Dr. Stokes cited a remarkable case which exemplified the good effect of local depletion of the face by leeches, in preventing the development of pustules and the formation of pits. A young girl was admitted to hospital with every symptom of most intense pyrexia, including terrible headache. So urgent was the last-named symptom, that leeches were applied to the temples in considerable numbers. Two days afterward a dense crop of small-pox vesicles sprang up all over the body and extremities, and soon became confluent, while on the face and neck only a few aborted pustules made their appearance. If it were required to carry out the indications already alluded to in the case of the entire body, the treatment proposed by Hebra, of continued immersion in a warm bath, was invaluable. In the Meath Hospital a patient at death's door in small-pox, his body being a mass of foul, fœtid, and reeking sores, was plunged into a bath and kept there for seven consecutive hours. All delirium ceased at once, the sufferer's torture was at an end, and he quickly became convalescent. He concluded by giving his hearty testimony of approval of the method introduced by Hebra, pointing out its freedom from danger, the possibility of administering nourishment and stimulants to patients while in the bath, and the fact that the relief given in the most severe confluent cases was at once immediate and permanent.

Eliminative Treatment of Cholera.

Dr. KACZOROWSKI, in an article on an epidemic of cholera, which prevailed in Posen in 1866, published in the *Berliner Klin. Wochenschr.* for January 8th, speaks favorably of the eliminative treatment of cholera. The result in a number of cases which he had observed in hospital and private practice, led him to believe that the cholera-poison is excreted through the bowels, and sometimes through the lungs; that its passage into the blood thickens this fluid and paralyses the heart; and that this occurs the more rapidly the earlier the intestinal evacuation is arrested. He asks whether the fact that the suppression of the intestinal evacuation is a bad sign, is not a guide to the treatment. In 1852 he had observed the good effects following the use of evacuants, especially ipecacuanha as an emetic and calomel as a purgative; and he made the same observation in 1853, 1855 and 1856, but found that in some cases the use of mercury was followed by tedious stomatis. In 1866 he gave castor oil and wine, with quinine during the stage of reaction. The following was the mode of treatment which he followed. When the patient was seen in the early stage he was in bed and covered with a blanket; a cold compress was applied over the head and abdomen; iced water was given him for drink; and a tablespoonful of castor oil, with a little camphor or peppermint, was administered. If the oil were vomited (which frequently occurred), the dose was repeated, and the patient was kept in the horizontal position, no drink being given for twenty or thirty minutes. In the course of an hour or two there were usually several stools mixed with flocculent matter (intestinal epithelium). This was followed by cessation of the anxiety and restlessness, and of the vomiting and abdominal symptoms; the extremities began to recover warmth, and the pulse became slower and fuller. The muscular cramps were obviated as far as possible by rest, and, when they occurred, were relieved by extension made by the attendants. In most of the acute cases this treatment, Dr. Kaczorowski says, was sufficient to arrest the disease. If the symptoms returned after some hours (which not unfrequently happened), the dose of castor oil was repeated, with the results already described.

On the Internal Use of Carbolic Acid.

Mr. JAMES ALLEN, M. B., L. R. C. S. E., Newmilns, Ayrshire, writes to the *British Medical Journal:*

I intend to point out shortly diseases in which, I believe, from the results I have obtained, carbolic acid may be used with success. In the treatment of mucous tubercles and primary syphilitic sores, I have met with a considerable amount of success. The method of using it is by applying a solution of equal parts of carbolic acid and water once daily, and by the constant application of a lotion of eight grains of carbolic acid to the ounce of water. If the acid be applied in a concentrated form, it causes the sore to assume a whitish appearance, after which a thin yellow scab forms, which separates in three or four days. In all cases the pain was inconsiderable, and the destruction of the sores rapid. According to the trials in which I have employed carbolic acid in the treatment of syphilis, I am unable to form a definite opinion of its merits or defects. In two cases which resisted all the usual remedial means it was prescribed, and in a few weeks all the symptoms had disappeared. The effects have also been investigated by Dr. Kohn in Hebra's wards, in whose experience the beneficial results were not so marked as to recommend its administration.

I agree with many observers as to the beneficial effects of carbolic acid in the fermentative class of dyspeptic cases, in which there is flatulence with evolution of gas, with a tendency to vomit. For this it can be administered in solution in grain-doses, or in the form of a pill. Thus given, it stimulates the stomach, checks the fermentative process, and produces an evolution of gas and evacuation of flatus. In hemorrhagic ulcer of the stomach, a few administrations of grain-doses, freely dilated, are very efficacious in checking the bleeding, provided, as in all cases, due attention has been paid to the diet. Good results have also been obtained in cases of chronic gastric catarrh, especially if some stomachic sedative be first given. It should be given upon an empty stomach, in quarter to half-grain doses much diluted.

Great were the expectations raised by the use of carbolic acid in the treatment of typhus and typhoid fevers, certain writers hailing it as a specific capable of arresting and checking their course. The praises which were so loudly bestowed upon this agent did not prevent others from declaring their doubts, and the evidence which has been adduced amply confirms my own views. From a careful watching of the course, as regards the temperature of the body, the pulse, and duration of the attack, it has been definitely ascertained to have no effect.

In considering the different processes which take place during the decomposition of the pulmonary tissue in phthisis, on account of the deteriorated state of vitality, it would seem that, if an antiseptic could be introduced by any means, which would not derange the general functions, the disease might be arrested. From a careful review of the cases recorded in our periodical literature, as well as from the results of practice which I have myself seen, I am certain that, when pulmonary disorganization has taken place, carbolic acid has no effect to eradicate it. No doubt there are some who "lay the flattering unction to their souls" of having cured or arrested it, but I am certain they have been deceived. Endeavoring to attain this, I have

used a solution of carbolic acid in the proportion of from three to six grains to the ounce of water, in the form of a spray. Great care, however, is required in its application, so that it should be at once stopped if it causes such symptoms as vertigo, rigors, faintness, or failure of the pulse. Clark's or Mathieu's spray-producers are the best. The symptoms which have been noticed invariably followed the use of Siegle's apparatus. In certain cases, in which there is abundance of secretion and not much irritation, the inhalation of the vapor has produced much relief.

In the treatment of certain skin diseases I believe carbolic acid to be of much use, especially in those of an obstinate nature. Good results have been obtained in psoriasis, pityriasis, and prurigo. It should be administered in the form of pills, each containing one grain, and from six to nine of these given daily, and gradually increased. In gangrene of the lungs it removes the fetid odor, and seemingly produces good. In chronic bronchitic and oozing hemorrhages of the air passages it is useful; so, also, in mucous diarrhœa of the large bowel, in the form of an injection, when preceded by some alkaline solution.

Mortality Under Anæsthetics.

Dr. JAMES R. CHADWICK, Surgeon to the Massachusetts General Hospital, has lately published a report on amputations at that institution, which, among other interesting statistics, contains the following in reference to the use of anæsthetics:

In view of contradictory opinions which have been held as to the effect of chloroform upon the final result of surgical operations, it may be interesting to examine the foregoing tables with a view to deciding it may be in some measure the effect produced by the use of sulphuric ether upon the mortality of operations. The dividing line is fixed at January 1, 1847, that being the date from which the use of this anæsthetic became the established habit in the Massachusetts General Hospital.

No. of Table.	Limb.	Subdivision.	Before Ether.			After Ether		
			Recovered.	Died.	Ratio of Mortality.	Recovered	Died.	Ratio of Mortality.
5	Arm,	Pathological,	4	0	0.	24	4	14.28
6	Forearm,	Traumatic Primary.	2	0	0.	22	7	24 13
7	"	" Secondary,	1	1	50.	11	1	8 33
8	"	Pathological,	4	0	0.	19	4	17.39
10	Thigh,	Traumatic Primary,	3	3	50.	31	22	41.50
11	"	" Secondary,	2	1	33 33	4	8	66.66
13	"	Pathological,	26	7	21.21	102	26	20.31
15	Leg,	Traumatic Primary,	4	1	20.00	59	32	35.16
16	"	" Secondary,	5	3	37.50	29	15	34.09
17	"	Pathological,	20	1	5.	84	14	14.28
			71	17	19.31	385	133	25.67

At first view this would seem conclusive against the use of anæsthetics, but a moment's reflection renders the fallacy sufficiently obvious. A vast number of operations, especially in chronic or long-continued cases, are submitted to by patients, and willingly undertaken by surgeons at the present day, owing to the entire immunity from pain and the diminished danger from shock, which, previous to the discovery of anæsthesia, would not have been tolerated. Among these many, as is well known, terminated in recovery, which formerly were allowed to die unrelieved, the mortality then not being less, but only attributable to the disease and not to the operation. Furthermore, it must be remembered that improved methods of treatment restrict amputations more and more of late years to cases of the worst character, offering often at the best but a faint chance of preserving life.

In 1856 Dr. James Arnott presented statistics to prove that chloroform had increased the danger of operations, but these were contradicted by other observers. So many considerations interpose, that a *post hoc* cannot become a *propter hoc* argument in a matter involving so many qualifying circumstances. Finally, in deciding this point, the kind of anæsthetic employed must not be lost sight of. If the paralyzing effect of chloroform upon the heart be as great as is alleged, the use of sulphuric ether is assumed, at least on this side the water, to be comparatively harmless.

Reviews and Book Notices.

NOTES ON BOOKS.

—— *German Medical Journals.* We have before us a package of our German medical exchanges lately received, and as more than one correspondent has asked us to recommend some foreign periodical of the kind, we shall give a brief description of the journals now upon our table.

Uppermost is the *Deutches Archiv für Klinische Medicin*, edited by Dr. H. VON ZIEMSSEN and Dr. F. A. ZENKER, both professors at Erlangen. The *Archiv* is a large octavo pamphlet of 110 pages, containing about half a dozen articles of a clinical and practical character admirably worked up, on various departments of science. Opening it at random we notice first an acute and learned criticism by Dr. BEHREND, of New Stettin, on MARTIAL'S famous epigram *De Familia ficosâ*, supposed to prove the existence in ancient classic times of syphilitic condylomata, which forms the subject of the article. Other papers are on the treatment of croupous pneumonia with veratrum, on the result of the cold water treat-

ment of typhus, on the diagnosis of contagious pemphigus, and on apomorphia as an emetic—all practical topics.

——Next in order is the *Archiv der Heilkunde.* The editor is Prof. E. WAGNER, of Leipzig, assisted by Drs. C. A. WUNDERLICH and W. ROSER. It is a medium octavo of 60-odd pages, less strictly clinical than the former, and more occupied with book notices and theoretical discussions. The present number contains three articles—on miliary tuberculosis after typhus, reports from the pharmacological laboratory of Dorpat, and on the physiognomy in tetanus, the last a minute and curious study by Prof. KONIG.

——Of the weekly journals the first we take up is the *Central blatt für die medicinischen Wissenschaften*, edited by Dr. J. ROSENTHAL, of Berlin. It is especially devoted to pathology anatomy and physiology. Besides original articles it includes a condensed review of all the new observations in these fields from all languages. In its department it is the leading journal.

——The *Berliner Klinische Wochenschrift*, edited by Professor L. WALDENBURG, in Berlin, contains almost exclusively weighty original articles by Berlin observers. As the special representative of that school it ranks high, but does not claim so much study from those not in full sympathy with the Berlin theories.

——One of the most useful of all the German medical periodicals, perhaps the best adapted to give the foreigner a current acquaintance with all the advances of science in that country, is the *Allgemeine Medicinische Central Zeitung*, edited by Dr. H. ROSENTHAL, at Berlin. It contains no original articles, but a careful summary of the most valuable which appear in other journals, and an epitome of the general medical news of the day.

——The last of our pile is the *Wiener Medicinische Wochenscrift*, edited by Dr. WITTELSHOFER, in Vienna, the best of the journals there, well supported by able writers, and equal to any weekly in Prussia.

It will be noticed in this brief sketch of our German contemporaries (which is by no means exhaustive), that there are no anonymous and hence irresponsible medical journals among them. This exceedingly objectionable feature is popular with publishers for reasons easily divined, but ought to be discountenanced by professional men.

BOOK NOTICES.

Spectrum Analysis in its Application to Terrestrial subtances and the Physical Constitution of the Heavenly Bodies. Familiarly explained by Dr. H. SCHELLEN. Translated from the second enlarged and revised German edition, by Jane and Caroline Lassell. Edited with notes by WILLIAM HUGGINGS, LL.D., D.C.L., F.R.S. With numerous Wood cuts and Colored Plates; also, ANGSTROM'S and KIRCHHOFF'S Maps. London: Longman, Green & Co. New York: Scribner, Welford & Co., 1872. 1 vol., pp. 662, cloth, 8 vo. Price, $12.00. For sale by J. B. Lippincott & Co., Phila.

The most wonderful of all the recent discoveries of science is, without question, the application of the spectrum to the analysis of bodies. Founded on the simple fact long since (1802) observed by WOLLASTON, that the spectra of light are crossed by a number of dark lines of varying width, a fact which for more than half a century, until the researches of Prof. KIRCHHOFF (1859), remained without significance, within the last decade spectral analysis has assumed proportions as a science, and made discoveries of such astounding character, that the mind is bewildered in their contemplation, and it is quite impossible to foresee what bounds can be placed to the progress of its search into nature. A score of years ago, the idea that we should be able to analyze the sun and farthest visible star as certainly as if we had it condensed in a crucible, and to ascertain positively that, perhaps, with one exception (that of helium), the same inorganic elements make up our system, would have seemed wild as a lunatic's dream. Yet, now, that this is all done, and can any day be repeated, as usual with this race of ours, it hardly attracts attention out of the pale of learned societies.

The present work is designed to familiarize a wider public than this with the fairy tales of this science, and to convey to the intelligent general reader a knowledge of the result already attained. It is founded on a series of lectures delivered by the author, in 1869, for the purpose of presenting in familiar language the method and the brilliant discoveries of this new science.

It is by no means superficial, nor yet is it technical. Divided into three parts, the first is occupied with describing the artificial sources of high degrees of heat and light, such as the Bunsen burner, the magnesium light, the electric lamp, the voltaic arc, etc.; the two remaining parts treat, the one of spectrum analysis in its application to terrestrial substances, including a history of the origin and progress of the discovery, the instruments and methods employed, the influence of temperature, absorption, colors, etc.; the other on spectrum analysis in its application to the heavenly bodies. These include the moon, planets, fixed stars, nebulæ, comets, meteors, lightning, the aurora borealis, but especially the sun with its extraordinary phenomena of gas streams, prominences, spots, chromospheres, etc. A complete bibliography closes the volume.

The colored lithographs and wood-cuts, which are profusely scattered throughout the pages, are superbly executed and admirably printed, and the maps of the spectral lines are prepared with most conscientious fidelity. Any one who examines the book will see that it is fully worth the price, which at first sight may seem high. It is the *only* treatise on the subject in our language at all complete.

Transactions of the Iowa State Medical Society. Compiled and arranged by A. G. FIELD, M. D., S. B. THRALL, M. D., and J. WILLIAMSON, M. D., Committee on Publication, Davenport, Iowa, 1871. Pp. 268.

This is the first volume published by the Iowa State Medical Society, and the general excellence of its contents leads us to echo the hope expressed by the committee of publication that it is the first of a series of volumes of similar character. It contains forty articles all worth preserving, either as contributions to science or to the medical history of the State.

We have always felt some regret that so much of such volumes is demanded by etiquette for "Annual Addresses," as we feel morally convinced that in nine cases out of ten just so much money as is expended in printing them is thrown away, and so much space as they occupy lost to scientific articles. We do not say this with any especial reference to the present volume, although it contains four such speeches which are quite as good as the majority, and one decidedly better, but with reference to the whole genus of Society Transactions.

Of the more interesting articles in this volume we may mention Prof. HUGHES' description of a new operation upon the shaft of long bones, by which elongation as well as straightening may be secured; and a case of rupture of the uterus with abdominal section, by Dr. ELWOOD WHINERY, both of which we have marked for quotation in this journal. Dr. J. W. H. BAKER reports in full the interesting case of the death of Dr. WITHERWAX, through using a poisonous hair restorer; Dr. E. H. HAZEN has a useful article on the ophthalmoscope in nephritis; and Drs. H. T. CLEAVER, WM. WATSON, J. F. KENNEDY, PHILIP HARVEY, and others contribute sound practical papers.

Transactions of the Medical Society of the State of California, during the years 1870 and 1871. Sacramento, 1872. 1 vol., pp. 253.

This volume indicates a very laudable spirit of scientific progress among the members of our profession beyond the mountains. It contains a large amount of information both local and general. Of the former character are the articles on medical topography, the sewerage of San Francisco, and on the monthly and annual mortality of the State, the last mentioned by Dr. THOMAS M. LOGAN, President of the society. The subject of quarantine is discussed by Dr. W. T. WYTHE and Dr HENRY GIBBONS, Sr., with the usual diversity of opinions. "The Genesis of Crime" is the title of a paper by Dr. EZRA S. CARR, who apparently believes that medical men are generally agreed that all very outrageous rascals are insane and irresponsible! An opinion in which we for one in no wise coincide.

The "specialties" are represented by an article on Ophthalmic and Aural Surgery, by Dr. W. F. SMITH, of San Francisco, reporting two cases of enucleation, and a semi-popular address entitled "Why do we wear Spectacles?" by Dr. ED. M. CURTIS, of Sacramento. The surgical articles include the report of the committee on that branch, about thirty pages in length; a paper on hip joint disease and its treatment, by Dr. L. C. LANE; on skin-grafting, by Dr. W. FITCH CHENEY; on a new splint for treatment of fracture of the inferior maxillary bone, by Dr. R. W. MURPHY; and on ovariotomy by Dr. J. W. WYTHE.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 16, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WHAT SHALL BE DONE?

A few weeks ago we referred to Dr. ELY VAN DE WARKER'S essay on the detection of criminal abortion. That treatise appears very appropriately at the present time, when it is becoming more and more apparent that our profession ought to take some steps toward putting a stop to this evil more effective than those hitherto suggested.

We are by no means believers in the sweeping statements of Drs. NATHAN ALLEN, HORATIO R. STORER, and the more directly sensational writers of the magazines, as to the extent of this crime; nor, on the other hand, do we have much confidence in the assertions that certain religious communions, certain states and certain nationalities are free from it. There is evidence enough, however, to prove it is largely and *increasingly* practiced, and we ask, what can we do, as a profession, to stop it?

In the last volume of the *Transactions of the American Medical Association* is a Report on Criminal Abortion, the committee being Drs. D. A. O'DONNELL and W. L. ATLEE. As the writer of the report uses indiscriminately the first person singular and plural, it is difficult to determine whether this document is a joint composition, or which of these gentlemen produced it. We fear, however, that as an address to the profession it is not calculated to effect much. The discussion as to what exact moment the soul enters the fetus will be apt to be treated with levity by our young practitioners, nurtured on the doctrines of VIRCHOW and HUXLEY; and even older and more orthodox readers, will be apt to smile at the reference to "proofs and authorities in support of these views," as if such a question were at all possible of proof; as if any authorities, except perhaps the scholastic philosophers, whose *sententiæ* are not deeply venerated by medical men, could carry any weight in such a matter!

However, passing over these features of the report, we come to the means recommended to check the evil. They are twofold. The first is, that medical students should be taught to condemn the practice of abortion and abhor it.

"Five minutes devoted to the subject in question by each professor every season, denouncing this crime, would make such an impression on the minds of his students as would not be effaced during the short period of the longest life. And though they might not succeed in correcting all the evil tendencies with which they have to deal, yet, by placing before them this crime in all its hideous deformity—in its legal and moral aspects—together with the inevitable ruin to character which must follow, we cannot doubt that a most favorable impression would be the result. Under all circumstances, they would have the consciousness of having done their duty to their students, to their profession, and to the community. But to turn out on the public young doctors without principle, without a sense of moral responsibility, without the instruction necessary to guide them safely through a professional career, is to entail a curse on society, which does not die with their natural lives, but may descend to other times and to other generations."

This excellent advice we gladly aid in circulating, and hope it will be obeyed.

But it addresses a very small class, only medical teachers. The next recommendation

calls in the aid of the clergy. The committee recommend each medical society to *ask the clergyman* of the parish to call together the married women of his church, and "impress on their minds a sense of that moral responsibility which alone can guide the weak and correct the evils of which we are speaking. For although we must guardedly avoid all allusion to such subjects in presence of unmarried persons of both sexes, yet the judicious clergyman may assemble the married ones together, and there warn them against the wolves that lie in wait for them. Here the horrid crime of feticide may be represented to them in all its dangerous consequences to both soul and body."

This transfer of function is extraordinary enough, but the committee go still further, and in language of very unnecessary squeamishness for a scientific document addressed to a company of physicians, covering their exact meaning by a scriptural reference, they propose that the clergyman (poor fellow) shall assemble the married men of his flock and address them on the evils of feticide and *—conjugal onanism!*

Meanwhile the doctors, who are popularly but evidently quite erroneously supposed to hold in charge the public health and well-being, having set the clergy at work, are to do nothing, so far as that public are concerned, but to transfer the task of instruction to others. Perhaps, however, it is intended that they shall speak to their own patients. "Every physician, as far as his practice extends, should feel that in his professional department he is the shepherd of his flock, and it becomes his duty to see that these wolves in sheep's clothing should not make any inroads among them. The members of the profession should form themselves into a special police to watch, and to detect, and bring to justice these characters. They should shrink with horror from all intercourse with them, professionally or otherwise." This is well, but it is the *physician's* duty and not the *priest's*, to give instruction in hygiene, and the greater publicity we can gain for a sound, popular medical literature the more virtuous and healthy will be the community.

Notes and Comments.

A French Wonder!

The newspapers announce that a Frenchman has made a wonderful discovery of "a new light, called ox-hydrique gas, which, as its name implies, is simply a mixture of oxygen and hydrogen. It gives a wonderfully brilliant, calm and soft and far-reaching light, quite setting to shame, in contrast, the ordinary gas-lights. The two gases of oxygen and hydrogen, which are mixed to produce this light, are brought to the burner in separate pipes, and must be fused before the match is applied, as otherwise there would be an explosion. There are some other difficult details in the management of the light, but nothing, it would appear, that cannot be overcome with experience and care."

Some of our readers, now in the "lean and slippered pantaloon," will recognize in this wonderful French discovery the late Prof. HARE'S oxy-hydrogen blow-pipe, which was an everyday wonder in the laboratory of the University of Pennsylvania forty to fifty years ago.

The Fate of Margaret Campbell.

A pamphlet throwing a strong light on the responsibility of our profession for the popularity of abortion is "The mysterious death of Margaret Campbell critically examined," by T. D. CROTHERS, M. D. (Albany, N. Y.), This girl died from a criminal abortion produced by the notorious Mrs. Dr. Burleigh. This villainous woman used to boast that if she happened to kill a customer she "could send for two doctors and a coroner, and have the matter closed up at once."

The result proved how well she knew her ground. When Margaret Campbell, a mistress of a man in Troy, was dying under Mrs. Burleigh's hands in consequence of an instrumental abortion, she summoned Dr. J. R. BOULWARE to see her, who either made no diagnosis, or would not acknowledge that he made a correct one. With Dr. C. H. PORTER he made a *post-mortem*, but both swore they dis-

covered no evidence of the abortion. A second autopsy by Dr. HENRY R. HASKINS placed the fact beyond any reasonable doubt.

The woman was acquitted, and we believe the two physicians, whose names are so disreputably mingled with the affair, have made no attempt to explain their part in the transactions. They are both members of the Albany County Medical Society, and the most culpable one, also of the New York State Medical Society. But this society, at its last meeting, was too much engaged in reforming fundamental maxims of civil law to call to account this promising member. *We* should say that a society that winks at offenses of this nature itself badly needs a reformation.

Liverpool Medical Missionary Society.

This society held its ninth annual meeting on January 22d, 1872. The society had had two dispensaries in operation, at different extremities of the town, during the past year; and, notwithstanding the illness of both superintendents, and the consequent derangement of work, the total number of new and old cases at both institutions amounted to 50,630, while the number of visits paid to the homes of the sick was 5,268. The patients were among the poorest and most forlorn of the population. The result of the medical treatment fully equaled that attained at any general dispensary; and the preaching of the Gospel was found to be, not a hinderance, but an incentive, to the attendance of the people Many collateral schemes of benevolence are connected with these institutions, having for their object the improvement, both material and spiritual, of those who are sick, poor, and gnorant. The premises and medical staff of the senior dispensary are now all that could be desired for carrying on the work; while, with regard to the other, there is good reason to hope that it will also ere long be placed in circumstances equally favorable. Upon the whole, in respect of both institutions, the committee feel grateful for what they have been enabled to accomplish, and have good ground for confidence in looking to the future.

The Lord Rector of the University of Edinburgh on Female Medical Educat on.

SIR WILLIAM STIRLING-MAXWELL was recently installed as Lord Rector of the University of Edinburgh. In his address he touched very freely on the female medical movement. "With regard," he said, "to female medical education, upon which our minds have been chiefly exercised, there is probably more difference of opinion than upon the general question. From the earliest times woman has been the presiding genius of the sick-room, often the sole medical attendant, always the physician's first lieutenant. So long as it is probable that women will continue to minister to their sick children and husbands, and to be charged with the responsibility of fulfilling the doctor's directions, I must hear some argument more convincing than I have yet heard why they are to be debarred from learning the scientific grounds of the art of which they are so often the empirical practitioners, or the docile and intelligent instruments. But, in truth, the experience of other countries has settled the question. I cannot but desire that the female students now enrolled in this University should obtain what they ask—namely, a complete medical education crowned by a degree. It is, however, more easy to express this desire than to discover the steps by which it may be accomplished."

The Bavarian Method of Treating Fractures.

Dr. CORLEY describes the Bavarian method of treating fractures. The advantages of this plan were plainly these: The necessity for splints was dispensed with; daily inspection of the injured limb was permitted; the period during which the patient was confined to bed was considerably shortened; and the apparatus was very easily applied, and still more readily taken off. The method was carried out in the following way: A flannel roller, consisting of two pieces of flannel of the length of the affected limb, and stitched together posteriorly, was first placed beneath the limb, in such a way as to bring the line of stitching into correspondence with the middle line of the extremity. It was then carried round the limb on each side and secured in front with long pins having their heads bent at right angles. Over the external surface of this first roller a mixture of plaster of Paris, in equal proportions, was rapidly smeared. A second similar flannel roller was then fastened over all, and secured by a modification of the ordinary many-tailed bandage. Dr. CORLEY had used this plan in

twenty cases, including fractures of the upper and lower extremities, Pott's luxation, Colles's fracture, etc.

Homicidal Mania Again.

Two dreadful instances of homicidal mania, come under our notice this week. Surely enough victims have been offered to appease the wrath of the "Lettre de Cachet" class of philanthropists! Legislatures have been hounded into passing impracticable laws, and physicians have been intimidated in the discharge of their obvious duty, until the land seems to be filled with insane persons of a dangerous character.

G. W. PURDY, of Marlborough, N. Y., while insane, cut the throat of his sister, Mrs. Anna Conkling, with a razor, laying bare the windpipe and tongue. Her recovery is doubtful. Another sister was severely injured. The crazy man was secured.

On the 9th inst., near Dayton, Ohio, LEONARD MARQUARDT, "who is evidently insane from a spiritual cause," murdered his wife and three of his children in a most shocking manner.

——We hear that a marriage has been arranged between the Princess Henrietta of Schleswig Holstein, sister of Prince Christian, and Professor Esmarch of Kiel, the eminent surgeon, who is well known in connection with various researches in civil and military surgery.

Correspondence.

DOMESTIC.

Poisoning from Corrosive Sublimate.

EDS. MED. AND SURG. REPORTER:

Thinking that the following case might interest some of your numerous readers, I have decided to submit it to you for publication:

On the night of the 22d ult., I was summoned in great haste to see Mrs. S., æt. 40 years. On the way, I learned from the messenger that she had, in a fit of anger, swallowed a large quantity of hydrarg. bichlor. (From a subsequent investigation, I concluded that she must have taken into her stomach over ʒj. of the salt, as she drank over a fʒj. from a bottle containing pure alcohol, with more of the substance in it than it could hold in solution, as was evidenced, by the presence on the bottom of the bottle of a quantity of undissolved crystals.) I found my patient, on arriving at her bedside, bolstered up with pillows in a sitting position; saliva was copiously flowing from her mouth; countenance pinched, anxious, and of a bluish-white hue; the whole surface was cold, and bathed in a profuse clammy sweat; the pulse was small, weak, and beating sixty to the minute.

Her sufferings were terrible. She complained of a styptic, acid, metallic taste, burning and constriction of the throat, burning, griping, and tearing pains of the stomach, accompanied by a deathly nausea, but no vomiting. She had, previous to my arrival, thrown off half an ounce of mucus. Half an hour had elapsed when I first saw the patient, since she swallowed the poison. I immediately proceeded to administer large draughts of tepid water, producing, after each, copious emesis; this course was persisted in until I was satisfied that the stomach was completely cleared of all foreign substances, when the programme was changed, by giving, instead of warm water, albumen (white of eggs) and milk, (not with a view of continuing the vomiting by any means), this the stomach would retain but a short time; it however relieved to some extent the mouth, throat and stomach of the burning pains, and vomiting was less frequent but increased in severity to such an extent, that its effects upon the patient became very alarming, at each act the body and limbs becoming rigid, and there were violent spasms of the stomach.

The character of the matter thrown from the stomach changed, being mixed with dark blood, and patches of thickened, congested mucous membrane, and finally fresh blood and mucus were ejected (but once), followed by extreme prostration, the pulse fluttering very feebly. In the course of three or four minutes after this last act of vomiting I succeeded in inducing her drink about fʒiij of the milk and albumen, following it with this prescription:

℞. Morph. sulph., gr. ss.
Aquæ puræ, fʒ ss. M.
immediately (at one dose).

The nausea nearly subsided in ten minutes after giving the morphia; the suffering was also diminished in some degree, yet it was exceedingly great; deeming it both safe and expedient, the above prescription (morph. sulph. et aqua) was repeated in three-fourths of an hour; great relief soon succeeding its use. There has been no vomiting since the above prescription was first used. The morphia was continued in one-fourth grain doses, every three or four hours, as the indications dictated, for the next forty-eight hours, when she commenced to complain of griping, burning pains in the bowels, accompanied by nausea; immediately following these symptoms, she had three evacuations of the bowels in quick succession in the course of half an hour (about a quart in all); the two last consisting of matters identical with that last vomited from the stomach (*i. e.*, patches of thickened

congested mucous membrane and blood); soon after the last stool a suppository, containing morph. sulph. one grain, was introduced into the rectum; this was repeated every four or six hours for the succeeding forty-eight hours, the nature of the stools gradually improving, until they became normal in quality and frequency, when the suppositories were discontinued. The morphia was continued in one-fourth grain doses, per anum, for uneasiness occasionally felt in the stomach and bowels, as well as for nervous restlessness, and continued for the next sixty hours, when it was dispensed with and has not since been required.

During all this time the albumen, either with milk or water, was freely and frequently used, but was two days since ruled out as unnecessary.

At the time she was so prostrated, flannel, saturated with warm alcohol, was kept applied to her person.

The stomach for the past two days has kindly accepted beef tea, and soft boiled eggs. She is quite emaciated and debilitated, with a thoroughly bleached countenance; her strength has been improving with remarkable rapidity, she being able at this writing to sit up four or five hours during the day (an hour or so at a time). She can also walk about the room some; her appetite is good, craving many things which prudence forbids. Except now and then a slight griping when at stool, she is free from pain or uneasiness. Sleep is quiet and refreshing.

Owing to the fact of the stomach and bowels having been to a greater or less extent denuded of mucous membrane, and the fear that the subjacent structure had been reached and subjected to the pernicious action of the corosive salt, I was apprehensive of extensive ulceration, the results of which would not be over pleasant to contemplate; but I think all fears of such a catastrophe can now be safely dismissed, with our patient so fast improving in every respect.

It may be well here to state that the principal drink, since the discontinuance of the albumen, has been barley water; also that during the first day or two her insatiable thirst was kept within bounds by the almost constant presence in her mouth of ice; without it, existence would have been quite intolerable, for the use of water to an extent that the sufferings otherwise would have demanded would have been altogether inadmissible.

G. S. GALER, M. D.,

Newton, Long Island, N. Y., March 4, 1872.

Puerperal Mania.

EDS. MED. AND SURG. REPORTER:

In the REPORTER of February 3d, 1872, page 92, after detailing former treatment, the writer says: "She was treated by Dr. L., of Etna, for a short time, and with no better success, etc."

I first saw the case several weeks after the commencement of her delusion. I urged the necessity of giving sufficient nourishment and proper medicine, and if that could not be done at home, that she should be taken to an Asylum where proper treatment *could* be carried out.

At my second visit I found that a little nourishment had been given by the rectum only, and that the friends were still unwilling to take her to an asylum. As the patient lived several miles distant, and I was then much pressed with the care of other patients, I could not give this case the constant supervision which it required, and I declined further attendance.

The responsibility for her life rests upon the newspapers and other agents which cultivate a popular prejudice against insane asylums, the only places where such cases can be properly treated.

H. LANING, M. D.

Syracuse, N. Y., February, 13, 1872.

On Hydrophobia.

EDS. MED. AND SURG. REPORTER:

It occurred to me, on reading a description of hydrophobia in that excellent work of Dr. H. HARTSHORNE, that as this disease seemed to be of rather an unfrequent occurrence, those who had had cases under treatment should briefly record the facts.

The two following cases which came under my care were both seen by the late Dr. WM. G. EADIE—who was formerly the professional attendant of these families, and in each case verified the diagnosis.

Moses Vanpelt, æt. 78, robust and always in the enjoyment of good health, was attacked by a dog on the 27th day of December, 1865, and bitten on the nose and face, and extensively on the hand, in his endeavors to keep off the infuriated beast—tearing off a large portion of the skin of his fingers. Upon visiting him I freely cauterized the parts and placed the hand in a poultice, which healed nicely in a few days.

On the 6th day of February, 1866, or about six weeks, I was hurriedly sent for, and on arriving found him suffering from the incipient symptoms of rabies. He complained of nausea, pain in the stomach and the upper part of the chest and neck, and frequently sighed. Calling for some water, I found the attempt to swallow threw him into a violent convulsive movement. Upon examination, the wounds presented no unusual appearance. Chloroform being approved by the friends, I at once desired aid, and Dr. EADIE was called, who, upon hearing a history of the case, and carefully examining the patient, ordered opium in full doses. This was done for a time and nourishment given, but on attempting to give anything, coming near him, opening a door, or anything which caused the air around him to be set in motion, sufficed to bring on a terrific convulsion. Thus he suffered for nearly three days, slowly and surely approaching death

from asthenia, which occurred on the evening of 3d day of attack.

June 7th, 1867, was called to see Captain Corson's grand child, æt. 9 years, who had been ailing for a few days and now was unable to swallow; and hence I was summoned. The child complained of pain in the stomach and back of neck, and presented rather an unusual appearance, a haggard, anxious expression and sighed frequently. Carefully inquiring if he had not been bitten by a dog or other animal, the mother remembered that in the preceding February he had come home from school crying, saying a dog had bitten him on his hand. Stating my fear, and the almost certain termination of the case to them, I desired that Dr. EADIE be called, who, upon hearing the statements above, concurred in the prognosis.

There seemed to be even more trouble in this case than the other—to give anything—for the violent muscular movements precluded doing anything. The child could not get anything down his throat, and died in twenty-two hours from my first visit.

Respectfully,

A. SATTERTHWAIT, M. D.

Mariners Harbor, N. Y., Feb. 23, 1872.

NEWS AND MISCELLANY.

Medical Commencements.

BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

The tenth annual commencement of Bellevue Hospital Medical College took place on the evening of February 29, at the Academy of Music. After prayer by Rev. ALFRED B. BEACH, D.D., chaplain of the college, Prof. AUSTIN FLINT, Jr., read the names of the graduates, 129 in number. Prof. TAYLOR, President of the Faculty, presented the graduates with diplomas, after which Prof. A. B. CROSBY, M. D., delivered an address to the young physicians constituting the graduating class. The valedictorian, BENJAMIN L. LOTHROP, being absent, his address was read by Dr. WILLIAM CARR, of the graduating class.

MEDICAL COLLEGE OF OHIO.

The 51st annual commencement exercises of the Medical College of Ohio were held on the evening of March 1st. There were 87 graduates. The *ad eundem* degree was conferred on two persons, and the honorary degree on Mr. E. S. Wayne, a distinguished apothecary of Cincinnati, a graduate of the College of Pharmacy of this city.

MIAMI MEDICAL COLLEGE.

The 12th annual commencement of the Miami Medical College at Cincinnati was held on the 29th ult. There were 67 graduates and two *ad eundem* degrees were conferred.

——A physician in Bangor, Me., in a published card, explains that the cause of the death of one of his patients, was a cancer of long continuance, "for which every remedy was tried, not excepting the much-vaunted Cundurango, which had a more depleting effect upon the pocket than the disease."

——Dr. GRAHAM, of Harrisburg Springs, Kentucky, has presented his collection of fossils, minerals and specimens in archæology, geology and natural history to the Public Library of Kentucky. This is said to be one of the most valuable collections in the country.

QUERIES AND REPLIES.

Dr. C. B. Mc., of Ind.—A set of dental forceps costs, without case, $1 50 for each instrument.

Dr. G. O. L., of Mo.—We presume you refer to Manec's paste. It is prepared with 15 grains of white arsenic, 75 of cinnabar, and 35 of burnt sponge, made into a thick paste with a few drops of water.

Boylston Prize Questions.—The address of Dr. B. Joy Jeffries, is 'Boston, Mass"

Dr. Von M., of Ills.—We do not think a work of the kind you describe would be saleable. Medical publishers never pay for manuscripts.

REPLY.—Tell "H. W.," Cairo, Ill., in REPORTER No. 781 to put a huge blister of Spanish fly all over his hip and keep in bed. If one does not produce a vigorous vesication, apply another; I have permanently relieved cases by such treatment.

I am yours,

Illinois. S. A. Dow.

MARRIED.

THOMPSON—CANARY.—On the 7th inst., by the brother of the bride. Rev. A. J. Canary, of St Patrick's Cathedral, New York city, Dr. John Thompson, of Albany, to Miss Maggie C. Canary, of New York city.

BOTSFORD—KEOGH.—January 19th, at the rectory of St. Ann's Church, New York, by Rev. Dr. Gallaudet, Dr. William Botsford and Miss Annie Keogh, both of Philadelphia.

MINSTER—JAYNE.—On the 6th inst., by the Rev P. S. Henson, Charles L Minster, M. D., and Mrs. Mary C. Jayne, all of this city.

BIRTH.

SNOW.—At Baker City, Oregon, a son (Charles Virchow) to Dr. T. N. Snow.

DIED.

DE WITT.—February 9th, at New York, Eliza C. De Witt, wife of the late Wm. C. De Witt, M. D., of Saugerties, N. Y., in the sixtieth year of her age.

DODGE.—At his residence, near Avondale, near Cincinnati, O., March 1st, of apoplexy, Dr. Israel S. Dodge, in the 65th year of his age.

ELLIGER.—In this city, suddenly, on the evening of the 5th inst., Dr. Richard A. F. Elliger, in the 33d year of his age.

EDWARDS.—On the 16th ult., at the residence of Wm. Stacy, Strasburg Lancaster co., Pa., of consumption, Wm. J. Edwards, formerly a student of Dr. T. C. Rogers, of Willow Grove, Delaware; also attended lectures at the Medical Department of University of Pennsylvania, 1870-1.

MCCONNELL.—On the 10th inst., at Bethlehem, Pa., after a short illness. Mary Ann, widow of the late Benjamin Rush McConnell, M. D., in the 75th year of her age.

TULLER.—In this city, on the 7th inst., of diphtheria, Gilbert only son of Dr. Charles and Mary Tuller, aged 2 years and 3 months.

WEBB.—At the Kings County Hospital, Flatbush, Long Island, on the 5th inst., John S. Webb, M. D., late graduate of the College of Physicians and Surgeons, New York, aged 22 years, 3 months and 5 days.

THE

MEDICAL AND SURGICAL REPORTER.

No. 786.] PHILADELPHIA, MARCH 23, 1872. [VOL. XXVI.—No. 12

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CARBOLIC ACID—ITS USES AND APPLICATIONS.

BY C. H. TIDD, M. D.

Of Middleport, Ohio.

Read before the Meigs and Mason Academy of Medicine, February 22d, 1872.]

This agent is known by several names, viz.: phenylic acid, phenic acid, hydrated oxide of phenyl, phenylic alcohol, etc.

History—It was discovered first by RUNGE, in 1834, who gave it the name of carbolic acid. In 1841 LAURENT investigated it thoroughly, and considered it as the hydrated oxide of a peculiar compound radical, called phenyl; he therefore called it hydrated oxide of phenyl. Its acid properties, however, having been subsequently discovered, it received the name of phenic acid, but out of consideration for the original discoverer chemical writers usually adhere to the title which he gave it of carbolic acid.

This acid exists in some unknown combination, in that portion of coal-tar which distils out between 300° and 400° F. This, when mixed with a hot concentrated solution of hydrate of potassa, is resolved, on the addition of water, into a light oil, and a heavier alkaline liquid. If the latter be separated and neutralized with muriatic acid, carbolic acid will be disengaged in an impure state and will float upon the surface in the form of a light oil. By distilling by dried chloride of calcium to separate water, and exposing the distillate to a low temperature, the carbolic acid congeals in the form of a colorless crystalline mass, which is to be separated from the accompanying liquid by pressure in fibulous paper. These crystals melt at 95° and form the liquid acid. A permanent solution can also be made by melting the crystals, and adding five drops of pure water, which is probably the most convenient way of preparing it for ready use. As found in the shops, it is of two kinds. One in the form of congealed crystals which is chemically pure, and alone ought to be used for medical purposes. The other is of a brown or tan color, and is only fit for use as a disinfectant, and ought not, under any circumstances, to be used as a therapeutical agent.

In the pure and undiluted form, carbolic acid is locally powerfully irritant and escharotic, and when applied to the skin causes a sharp pain, lasting about an hour, and accompanied by a peculiar whitening of the skin, which is followed by severe inflammation and separation of the epidermis. Taken internally in large quantities, and in a concentrated state, it operates as an irritant and corrosive poison, producing all the symptoms usual to other agents of the same class.

In its action upon the system it closely resembles creasote, and the latter may very often be substituted for it with good results; but in most cases carbolic acid is far preferable, owing to the fact that it is not nearly so *acrid* as is creasote. Taken in proper medicinal doses, this remedy acts as a gentle irritant to the alimentary mucous membrane, and being absorbed into the circulation, probably escapes through the kidneys, and by exhalation from the bronchial mucous membrane, thus acting as a diuretic and expectorant, and at the same time as an alterative to the urinary and respiratory passages. It is also stimulant to the circulation and seems to exert a

powerful influence on the brain when taken in overdoses. It has also been found to possess anæsthetic and styptic properties by certain writers, especially the French, who have lately devoted much time to the study of its action. 7.5 grains are said to be sufficient to preserve a human corpse. When applied in solution to ulcers, wounds and other sores of whatever class, it acts as a detergent, disinfectant wash, a powerful stimulant and alterative, or a mild caustic, according to the strength of the application. It has also been found useful in unhealthy or chronic inflammations, and has recently been employed with marked advantage as an hæmostatic. It is a remedy or agent highly prized by dentists, who use it largely in the treatment of alveolar abscess and in caries of the teeth. Thus it supplies a vacancy long felt by them and which no other agent was capable of filling.

Given internally it is strongly recommended in diarrhea, especially where it is dependent on the action of putrescent miasma on the system. In violent and persistent emesis, as well as in dyspepsia with great pain after eating, it acts speedily and promptly, often affording marked relief even after all other agents have failed. But by far the most important property of this remedy, both as a therapeutic and preventive agent, is its destructive influence over the lower grades of organic life, whether vegetable or animal, as in a solution containing only one part of the acid to 500 parts of water, it instantly destroys vegetable mould as well as minute or microscopic animalcules. Through this power it checks the proper fermentations, including the putrefactive, and thus acts powerfully as an antiseptic or disinfecting agent, operating with wonderful efficiency in correcting or preventing putrefaction in animal substances; and it produces the same effect in the living human subject, and through the same influence corrects or suppresses those fermentative processes in the body, which often lead to the most serious results, as purulent infection, poisoned dissecting wounds, carbunculous diseases, hospital gangrene, etc.

There is probably no agent more highly valued than this, by many of our practitioners, in the treatment of chronic inflammation of the bronchial tubes, as well as in diseases of the urinary passages attended with offensive purulent discharges, in which cases it comes (as I believe) in positive contact with the morbid cause, through the process of absorption. Through its parasiticidal influence, carbolic acid is highly useful as a local application in all diseases which are connected or dependent on the presence of microscopic plants or animals; hence its usefulness in scabies, the different forms of prurigo and trichiasis in the throats of infants, in pityriasis versicolor, and in all cases of minute vermin affecting the body. It has also been highly recommended in the treatment of diphtheria, scarletina anginosa, ozena, purulent ostitis, leucorrhea and offensive lochial discharges. In the treatment of these latter affections it might probably be used in solution, of strength varied so as to suit the particular case in which it is used, say from 5 gtts. to 40 gtts. to each ounce of water.

Applied in the form of an ointment, containing from gtts. 2 to gtts. 5, to ℥j. of lard or simple cerate, it is useful to relieve the offensive, morbid secretions in the axilla, groins, between the toes, etc. The dose for internal administration is from grs. 1 to grs. 3, if the crystals are used, or an equal number of drops, provided the solution is made as spoken of heretofore, one drop of this so nearly representing a grain as to be safe to use in this way. The best menstruum for administering this agent, probably, is glycerine, as this holds it in solution in all proportions. For external applications we may vary the strength as the case seems to demand. For the slighter skin diseases 2 parts of acid to 100 parts water will usually suffice. The above is about the proper strength for most bronchial, laryngeal and nasal affections.

In the treatment of burns this acid has proven to be almost invaluable; when applied to the burned surface it gives almost instant relief. Probably one of the best formulas in most cases of burns is the following:

℞. Acidi carbolici, gtts. v.
Oleum lini, ℥j. M.
Sig.—Apply frequently.

This may be made either stronger or weaker as the case demands. In the treatment of wounds, whether incised, punctured or perforated, as well as in compound fractures, stumps of amputated limbs, etc., etc., this remedy is invaluable, and should, in our opinion, be used in the following manner: The first application should be of nearly the full strength, being applied to all accessible

parts of the wound, in order completely to destroy all septic germs that may have entered the wound with the air at the occurrence of the accident. The next step is to cover the surface of the wound and a portion of the surrounding healthy skin with a pledget of lint saturated with a weak solution of the acid, in order to prevent the introduction of any septic agent from the atmosphere, or along the current of blood, etc., which may be oozing from the wounded surfaces and making its escape; this should be constantly applied till the wound is healed. The lint is usually kept in *situ* by bandages, or coverings of tin or felt. By far the better method would be to apply *pure* and properly prepared carbolized gauze, which answers a far better purpose than either bandages of cotton or caps of tin or felt. Prof. P. G. CONNER, of the Medical College of Ohio, obtained some of this gauze in Europe last summer, and also the formula for the preparation of it, which, I trust, he will publish at some time not far distant, so that all may have a chance to try it. I am well satisfied that when it is once thoroughly tested *all* will admit its efficiency.

When this plan is faithfully carried out, we are rarely, if ever, troubled either with extensive suppuration or sloughing, and when it has been adopted in hospital wards pyæmia, gangrene or erysipelas are rarely to be seen; and the same is applicable to private practice.

As a disinfectant for sick rooms this agent has no superior, and we very much doubt if it has an equal in contagious diseases, such as cholera, small-pox, etc. Not only is marked benefit and protection derived from the use of it in and around the rooms occupied by the patient, but it should be sprinkled in the vessels used by them as well as in and around the *closets* where the discharges are emptied, and recently some physicians have noticed marked benefit in sponging the bodies of such patients with a very weak solution containing 1 part acid to 160 parts water.

In the opening of abscesses much pain is spared to the patient, and much annoyance to the physician in the after treatment, by operating under the carbolic acid spray. In the treatment of obstinate ulcers this remedy has been used with marked benefit when all other means had failed. Some such have recently fallen under my own observation, when a speedy cure was effected by the use of carbolic acid freely applied and the wound being kept covered by lint. LEMAIRE recommends it very highly in the treatment of tinea-capitis, and gives the following formula for its use:

℞. Acidi carbolici, ℥ss.
Acidi acetici, ℥ijss.
Aquæ destillatæ, ℥ijss. M.
Sig.—Apply *pro re nata*.

Dr. ISHAM, of Cincinnati, O., reports a case of varicose veins cured by the application of carbolic acid of full strength.* Prof. W. W. DAWSON, of Cincinnati, O., reports two cases of compound fractures, and one of epithelial cancer, occurring in his own practice, which were successfully treated with this agent, the union of the wounded surfaces being complete and without the least trace of suppuration.†

Dr. SCOTT, of Dumfries, speaks very highly of this agent in the prevention of pitting after small-pox; also in preventing disfiguration of the body after severe burns. He adds 1 part of the acid to 8 parts of olive oil, and keeps it constantly applied to the affected parts. This not only prevents marking, but proves very grateful to the patient by allaying the itching and irritation, thus relieving them of an almost uncontrollable desire to scratch the scabs off the sores.‡

Dr. WOLF, in an article in the *Medical Times and Gazette* for November 25, 1865, speaks of the use of this remedy in phthisis, and refers to its use on 200 to 300 patients in the convalescent hospitals in France. The mode of administration was as follows: 15 grs. of pure acid are dissolved in ℥ij of spirits and the solution mixed with ℥xxxij of water. This amount is given daily, partly by inhalation and partly by the stomach. Great benefit was derived in most of these cases.

Dr. DUNCAN reports a case‖ of obstinate dysmenorrhea cured by direct application of carbolic acid to the os uteri, using, at the same time, general tonics, to build up the system.

Dr. T. CURTIS SMITH, of Middleport, O., has furnished me the notes of a case of membranous dysmenorrhea of sixteen years' standing, which he successfully treated with this agent. Five applications were made to the entire cavity of the uterus, with acid of full strength. After the first application the dis-

*Clinic, vol. 1, p. 34.
†Clinic, vol. 1, p. 57.
‡*Edinburgh Medical Journal*, August, 1871.
‖MED. AND SURG. REPORTER, 1871, p. 445.

charge was increased, but with each succeeding one it was *decreased*, and finally ceased altogether. He also reports a case of abscess in the maxillary antrum, which, after opening the skin, was treated with injections of zinci sulphas, plumbi acetas, and many other astringents, with the view of stopping or preventing suppuration, but all to no avail. He then injected carbolic acid dil., and in four weeks the case was discharged cured. I should add that after puncturing the skin the bone was found to be caried so that the nozzle of a small syringe could be inserted, and the solutions injected. He has also found it very useful in the treatment of stomatitis, cancrum oris, nursing sore mouth, and many other diseases of the vocal cavity. Dr. GUTTERIDGE reports* seven cases of compound fracture, in which he treated the external wound exclusively with carbolic acid. In all of these cases recovery was complete, and with very little suppuration.

Dr. MORTON reports† several cases of lacerated and contused wounds which he successfully treated with this agent. In each of these cases recovery was perfect, and suppuration *very* slight.

Dr. W. PLAYFAIR reports‡ the successful treatment and cure of three cases of uterine catarrh, by the internal application of carbolic acid, after other measures had failed, the treatment occupying from four to six months in each case.

EEWARD R. BICKERSTETH reports‖ a case of suppurative synovitis of the knee joint, in which the joint was opened and thoroughly washed out with a lotion of carbolic acid; recovery in this case was perfect, with a movable joint. We might gather and cite many more instances in which this remedy has proven itself to be invaluable to the physician, as in the treatment of chancres, wounds of various kinds, inverted toe-nails, with ulcerations, various forms of inflammation, etc., etc., but think that enough has been said to convince all of its efficacy. While we are well aware that very many eminent surgeons speak adversely of this agent as an antiseptic, in fact *many* denounce all forms of antiseptic dressings, simply, we think, because they have failed to derive any benefits from their use. Their failures, I think, are attributable to some mistake or neglect in the application, and not to the intricacy of the dressing itself, as many of them claim; and a great many are unwilling to devote the necessary time and care in its application, which are necessarily required to render this plan successful, hence they deem that its advantages must be *nil*.

Thanking you, gentlemen, for your attention. I now leave the subject with you for your discussion, trusting that I have been enabled to give some hints which may prove useful to you in practice.

* *London Lancet*, 1870, p. 82.
† *London Lancet*, 1870, pp. 252 to 259.
‡ *London Lancet*, 1870, pp. 551 and 552.
‖ *London Lancet*, 1870, pp. 589 and 590.

ULCER OF LEFT BROAD LIGAMENT—RUPTURE OF UTERINE ARTERY—DEATH—AUTOPSY.

By G. H. FISHBURN, M. D.,
Of Lock Haven, Pa.

On Saturday morning, March 3, 1872, Dr. HAYES of this city was called to visit Mrs. A., æt. 24, who he was told was taken suddenly very ill. On his arrival at her home he found the following history and condition: The patient, when she arose in the morning, was enjoying her usual health, and proceeded to do her housework. She commenced baking and preparing dinner at the same time, and while doing so lifted quickly a sack of flour, which effort was speedily followed by a desire to evacuate the bladder, and a little later by pains simulating labor pains. The husband was called and found her in this condition. At this juncture Dr. HAYES was summoned, and after a careful examination diagnosed the pains to be those resulting from some local irritating trouble, and not those of premature labor. He prescribed opium and camphor, with but little effect. In the evening Dr. ARMSTRONG (Dr. HAYES' partner) called, and from the appearance of the patient as he entered the room, he thought she was "flooding," but on examination he found the condition of the uterus normal, and no trouble of that kind whatever, but that she was as he supposed, suffering from internal hemorrhage in the cavity of the abdomen, yet he was unable to ascertain precisely where. The patient experienced great difficulty of breathing, especially with the expiratory movements, frequently crying, "Breathe for me, O breathe for me." The extremities, ears, nose and hands were cold, and all the symptoms of

rapid loss of blood were manifest. Dr. A. then informed the family of the utter impossibility of recovery. The patient died on Wednesday.

On Wednesday Dr. WATSON and myself were called by Drs. ARMSTRONG and HAYES, to make a *post-mortem* examination, which was done at 10 o'clock A. M., with the following result: Upon opening the cavity of the abdomen we found the viscera, especially the omentum, markedly tinged with blood, and the cavity of the pelvis completely filled with a clot, while the different parts of the abdominal cavity contained large quantities of dark, fluid blood. We removed the clot and fluid blood, and proceeded to examine further: the ovaries, falopian tubes, uterus, urinary bladder, spleen, and intestines were healthy. Upon raising the broad ligament of the left side, we found an ulcer about an inch in diameter and extending through the ligament just above its attachment to the uterus, and the uterine artery sloughed off. This satisfied us, both as to the cause of death and the correctness of the diagnosis. The appearance of the ulcer was very unhealthy, and appeared as if it had been going on for a long time. There was a clot of blood in the artery at the point of rupture, but, otherwise, the vessel was entirely empty and patulous. The patient previous to this attack or injury did not complain of either pain or sickness at all, but seemed cheerful and well at all times. She had in one of her labors some trouble from adherent placenta.

MEDICAL SOCIETIES.

ABSTRACT OF TRANSACTIONS OF MEDICO CHIRURGICAL SOCIETY OF PHILADELPHIA.

Yearly Report.

Urethral Calculus.

February, 1871. Dr. Morris reported a case of urethral calculus, which was removed, and showed the instrument he used for its removal, which may be described as follows: Two curettes with their concavities facing each other, working in a canula by an ingenious contrivance. The size of the calculus was half an inch long and seven-sixteenths of an inch broad. It was the largest the doctor ever saw removed without the lithotribe from the female urethra.

Dr. Bernardy reported two cases of abdominal neuralgia (similar cases having been reported in Rankin's abstract). Both were relieved by the use of chloral and bromide of ammonium.

Malposition of the Funis.

Dr. McRean reported four cases in which the funis was around the neck, in all producing an almost asphyxiated condition, from which one died, but no mark was observed.

Dr. Millick reported one in which there were four coils around the neck, and he was obliged to rupture the membranes and remove three coils before the head could descend; the other coil remained until after the head was delivered, but no mark was observable.

Dr. Morris reported a case in which the funis was four times around the neck, and prevented the descent of the head. Not being able to remove it, he delivered an asphyxiated child with the forceps, but by prompt treatment it was saved. There was a mark around the neck, which the doctor attributed to the pressure of the cord during traction. He also reported a case in which there was a complete square knot in the funis, and two years ago he saw a case in which there were two knots.

Dr. Gruel, in explanation, said that Prof. Breit, of Tübingen, Wurtemburg, demonstrated the formation of these knots, by supposing that the cord being long and the fetus rolling in the liquor amnii turns through a loop of the cord, and thus the knot is made.

Dr. Curran stated he had several cases in which the cord was drawn quite firmly around the neck, but never observed any mark except when the forceps had been used and traction made. Dr. Millick reported a case in which the anterior and posterior fontanelles were absent, and were replaced by a deficiency between the squamous portion of the temporal and parietal bones on the left side of the head of the child, the deficiency being three inches long by two broad. It simulated a caput succidaneum. The opening is filling up quite rapidly by bony tissue.

A Cause of Abortion.

He also reported the case of a lady who, three years ago, became pregnant. At eight months contraction of the uterus occurred, without any other signs of commencing parturition. After giving chloral the contraction ceased for one week when labor came on, and he delivered her of a dead child. She became pregnant again, and at eight months contraction of the uterus again occurred, which was again relieved by chloral for a week, when she gave birth to a dead child. She again became pregnant and the contractions of the uterus occurred at seven months, when she was relieved by the use of chloral, and was placed in bed and kept there six weeks, when she gave birth to a full-term child. Internal manipulations were being made to check the subsequent hemorrhage, when it was discovered that she had a fibroid tumor attached to the left side of the uterus, about one inch above the internal os. It was about

three inches in diameter and of a semi-globular form, with the base attached firmly to the uterine walls, it having no pedicle. The surface of the tumor appeared rough and indentated, and intensely hard and firm. Considerable hemorrhage occurred, which was only checked by external manipulations, the use of ice locally to the abdomen and full doses of ergot. The use of ergot was continued for days, with the intention of causing absorption of the tumor by the pressure from the contraction of the uterine walls. The pain consequent upon the use of the ergot was so intense that morphia was requisite to prevent convulsions; but it did not affect the contraction, while it relieved the pain and produced sleep. The mammary secretion was established on the third day after parturition, but was entirely checked the following day by an attack of uterine pain. It was established again three days after, and has since remained. Previous to her delivery, while she was confined to bed, examinations detected, about every alternate day, a dilated os uteri, which as often contracted, and finally, when parturition came on, the os was firmly contracted, and was with difficulty dilated by the descent of the head. Thirteen days after parturition external palpation revealed the fact that the size of the uterus had diminished from about five inches long by four broad, to very nearly the normal size of the unimpregnated uterus, and that the tumor rested in the left iliac fossa, causing sharp paroxysmal pain

The Use of Ergot.

Dr. Gruel asked if there could not something be done to prevent the promiscuous use of secale cornutum by midwives and empirics. They always give it too early and it produces asphyxia by its continuous pressure, and in the cases he saw three out of twenty died. In all these twenty cases the placenta followed the child in at least one-half minute, and the infants uniformly were born blue. They frequently give it before any attempt has been made at a diagnosis. He reported a case in which a midwife had given ergot, and the examination revealed a presentation of the back, and death was the result. He also reported a case occurring in Europe, in which a student gave secale cornutum, and the mother and child both died, for which he would have been punished had it not been for his social status. He stated, also, that he never gives ergot unless the pains are very weak or have actually ceased. He does not even use it to prevent *post-partum* hemorrhage, but relies upon external and internal manipulation.

Dr. Curran corroborated the statements of Dr. Gruel, and reported a case of footling presentation, in which a midwife had given ergot and death was the result. He thought, also, that it was only in those cases in which the presentation was abnormal, or where it was given too early, that death resulted.

Dr. Morris reported a case of carcinoma of the uterus, which he treated with injections of per-sulphate of iron to prevent hemorrhage and check the ulceration, but notwithstanding the patient sank rapidly and died.

Puerperal Convulsions.

March 28th, 1871, Dr. Eshleman reported a case of puerperal convulsions which he treated with hydrated chloral successfully. She had been delivered by a homeopathic physician. When Dr. E. was called in he attempted to bleed, but no blood would flow. He then administered one drachm of chloral. She had one convulsion after its administration. He then gave two drachms, and she had no more convulsions all night. He stated he treated a similar case with chloral, but he also bled, and hence did not attribute the cessation of convulsions to the chloral; and she too had convulsions under the use of 15 grs. of the chloral, but they entirely ceased when two drachms were given. In answer to an inquiry, the doctor stated the symptoms: pulse 160, pupils widely dilated, eyes divergent, respiration short and stertorous; the pupils contracted under the use of chloral.

Dr. Taylor remarked that it was his experience that small doses of chloral produced excitement.

Dr. Leidy suggested the propriety of pushing the use of chloral in all cases when it was found to excite, until quietness of the system was attained.

Dr. Morris reported a case of ovarian tumor in a maiden lady 36 years of age, from which ascites and hydrothorax occurred. He performed paracentesis successfully, and found the tumor occupied one-half the abdominal cavity. She died shortly after the tapping, and the *post-mortem* examination fully corroborated the diagnosis.

Sudden Death.

Dr. Collins reported a case of death from syncope during an attack of typhoid fever. A young lady, 20 years old, having begun to convalesce, was allowed to sit up on the 9th day of the disease, when syncope occurred, and she died in a few minutes. The heart ceased to act from want of muscular power. The doctor stated the case merely to caution his fellow-practitioners from allowing any undue exertion in such cases.

Dr. Eshleman reported a case of death from heart clot in a child suffering from diphtheritic stomatitis, and stated that the *post-mortem* examination revealed several heart clots, which were several days old. The heart was large and firm. He removed several firm clots from the subclavian veins, well organized. The doctor thought that these clots formed as a consequence of the condition of the blood.

Dr. Leidy remarked that it has been his experience that in all vitiated conditions of the blood he has found such heart clots, and especially in diphtheritic conditions, he has seen a complete mould of aorta removed.

Dr. Collins said the most remarkable heart

clot in his experience he saw at a *post-mortem* of an old lady, æt. 80 years. She died while taking a bath. The center of the clot was most firmly organized. He thought it had formed from day to day, and finally it acted as a plug and stopped the current of blood. The doctor asked: Can we reason from the density of the center the age of the clot?

Dr. Leidy thought not.

Dr. Eshleman stated that he saw a heart clot which resembled fat, and was of a fibrinous variety, in a case of angina pectoris. There was also atheroma of the aorta.

Dr. Collins made some extended remarks on the subject of heart clots, especially in vitiated conditions of the blood, and demonstrated his remarks by giving an instance of a lady who, dying of an abortion, on *post-mortem* fibrinous clots were found through the entire liver or lower lobes of the lungs. How far is this role to be prolonged into all the modes and causes of death? Is pyemia or embolism to be taken into account in every form of death? If so, our idea of death must be somewhat modified.

Poisoning by Atropia.

April. Drs. Millick and Keiper reported conjointly a case of atropia poisoning which came under their care. A patient, a lady, at the clinic of Dr. Keiper at the Eye and Ear Infirmary, was under treatment for rheumatic iritis, in which a six-grain solution of atropine was being used as a collyrium as well as internal treatment. By mistake she took the atropine solution for the internal medicine, in quantity of about one grain of atropia. Discovering the mistake, she immediately drank hot coffee, thinking it would help her, but instead of which it assisted the absorption. Becoming alarmed she sent to the druggist, who gave her a mustard emetic, which completely emptied her stomach; but enough had been absorbed to produce the following symptoms: Two hours afterward, when Dr. Millick saw her, she was in a state of intense excitement, the skin greatly congested, face, hands and whole body swollen and bloated, mind delirious, sensibility suspended and violent clonic spasms at times of the limbs, pupils dilated to their fullest extent, thirst intense, speech thick and clogged, tongue and throat swollen. Dr. Millick gave one-half grain of morphia by stomach, and stimulants of brandy and ammonia internally, and she was sinking rapidly. In about one hour after, Dr. Keiper arrived, when he injected one-third of a grain of morphia hypodermically. Waiting ten minutes and seeing very little reaction, one-third of a grain of morphia more was injected, soon after which reaction was perceived, the pupils contracting, sensibility of skin returning. Ice was now applied to the head, and patient allowed to remain quiet. In the evening, on visiting her again, she was still improving, but entire sensibility did not return until the next morning.

Remarks were then made by the gentlemen present in regard to the antidotal effect of morphia in cases of atropia poisoning and several cases of interest reported.

Gray Atrophy of the Optic Disk.

Dr. Keyser made some remarks on the recovery of sight after gray atrophy of the optic disks, and presented a patient who had been under treatment at his clinic in the Philadelphia Eye and Ear Infirmary. When the patient first came to his clinic he was perfectly blind; not the least perception of light, having become suddenly so three months before. The pupils were dilated as in cases of amaurosis, not making the slightest reaction on exposure from dark to light.

On ophthalmoscopic examination both optic papillæ were found very white and pearly; the retinal arteries very much reduced in size, being like fine threads; the veins were full, but not more so than in the normal condition. In the right eye there was an embolic of one of the lower branches of the central retinal artery, it being perfectly empty from the edge of the optic disk, leaving a clear white thread-like line, while the part lying in the optic papilla was full and red.

The health of the patient was very good; no constitutional nor syphilitic disease. Finding no perceptible cause for it except the supposition that there had been a hemorrhage or an effusion of some kind along the optic tract, iodide of potassium was given internally in eight grain doses three times daily for some time, to assist in the absorption of any effusion, if such should be the case, and on January 1, 1870, to relieve the tension, which was slightly increased, and to allow the central arteries to fill up, thus elevating the nutrition of the retinæ paracentesis of the corneæ, was performed. A few days after the operation the patient perceived bright lights, as from a lamp or rays of the sun. On February 10, 1870, paracentesis corneæ was again made and the iodide of potassium continued with the 1-50th grain of sulphate of strychnia three times daily. After the second operation the perception of light became very distinct, and by July 1st large objects could be seen. July 10th, while sitting in the clinic he suddenly cried out that some letters on the walls could be seen, and spelled the words correctly from a card sign hanging up against the wall. On close and minute examination there was found to be sight Sn. $\frac{20}{xxx}$ in the left eye at a distance only in a contracted field of five inches. Near vision there was none. The right eye at this time could only perceive light. There was divergent strabismus of 2‴, the patient denying ever having any strabismus before. The iodide of potassium was continued, with an increase in the dose of the strychnia to 1-40 grain.

During the summer the sharpness of sight continued to improve; the right eye having better accommodation for near objects than the left, while with the left one the vision for

distance was the better. L. eye Sn. $\frac{20}{xx}$; R. eye Sn. $\frac{20}{xl}$. The size of the field continued the same in both eyes, about five inches, as first measured. The perception of colors perfect in either eye. In October following erysipelas of the face set in, lasting some two weeks; after recovery therefrom the sight of both eyes had receded to about half what it was, so in November paracentesis of the cornea was again made, and the dose of strychnia increased to 1-30 grain combined with one grain of pyrophosphate of iron. After which the sight recovered again to the former standard L. E. distance Sn. $\frac{20}{xx}$ near vision Jäg 14—R. E. Sn. $\frac{20}{xxx}$ near Jäg 3—which you perceive this evening on examination.

During all this time the vessels have not changed in the least; the arteries being still very small, and the branch spoken of before like a white thread, has become obliterated. The optic disks remain unaltered, being still white and pearly; the field of vision has increased only about one to one and a half inches outward in each eye, while the inner, upper and lower lines remain the same.

In this case there was a total blindness of five months before the vision began to return, and nothing seemed to assist it as much as the paracentesis corneæ, for after each operation there was at once improvement of vision. The field of vision being alike in both eyes, shows, no doubt, that whatever is the cause is acting alike on the optic tracts and nerves. But at the same time the nerves of accommodation (the oculo-motors) are acted upon differently, there being more accommodative power in the right eye than in the left, which has been so from the beginning of the first return of vision. No glass could be found that would assist the accommodation. The pupils have, however, contracted to the normal standard, and are easily acted on by light. The optic disks remaining unaltered throughout the whole time, bear out still further the statement of Oglesby, that "It is not essential that an optic disk, once atrophied, should resume its normal appearance in order to regain its functional powers."

Editorial Department.

Periscope.

The Treatment of Uterine Neuralgia.

Dr. John Chapman, M.R.C.P., M.R.C.S, Physician to the Farringdon Dispensary, says on this topic in the *Medical Press and Circular*:

According to the general confession of the profession uterine neuralgia and its complications form part of that large group of maladies the treatment of which has always been extremely unsatisfactory. Its chief aim, of course, has been to overcome the chief evil, pain; and, secondarily, it has been directed to effect the removal of uterine congestion or inflammation, to facilitate the menstrual process, and to improve the general health. The pain is usually combated by narcotics, by nauseating remedies, by warm baths, and by the application of sedatives both to the hypogastric region and *per vaginam*. In those cases in which congestive or inflammatory symptoms are present local depletion is urgently recommended, and in some cases even general bleeding is also advised. Improvement of the general health is sought to be effected by tonics, exercise, or bracing climate, and an abundance of fresh air. The success achieved by these practices is, as a general rule, so deplorably slight that uterine neuralgia and its kindred maladies have long held a conspicuous place among the *opprobria* of medicine; and, indeed, this can be no matter of surprise if the pathology of these affections as sketched above be true; for obviously the therapeutical desideratum is a power of lessening the energy of the nervous centers implicated, and none of the remedies enumerated above possess that power except when so used as seriously to impair the general health, and, indeed, to prove dangerous to life itself. That therapeutical desideratum is, however, according to my experience, completely fulfilled by the spinal ice-bag, *suitably* applied from 30 to 90 or even 120 minutes two or three times a day. I say "suitably applied," because its tolerance, its harmlessness, and its efficacy depend on the fulfilment of this condition. If the patient does not suffer from headache, and if her lungs are quite healthy, the ice-bag may be advantageously applied along the spine from the middle of the cervical region down to the third or fourth vertebræ, *but not lower*.

Headache, with cerebral hyperæmia as its proximate cause is, however, a frequent concomitant of uterine neuralgia, and in such cases cold ought not to be applied along the upper part of the spine, but should extend only along the six or eight lower dorsal, and the three or four upper lumbar, vertebræ. In these cases I generally use the upper two cells of a 20-inch spinal ice-bag applied along the part just described, the lowest cell remaining empty and either doubled behind the

middle cell, or dependent over the sacrum. I adopt this plan in order securely to restrict the ice to that part of the spine intended to be acted upon; if ice were to be put in the two lower cells of the spinal ice-bag, the upper one being left empty, and if after the two lower cells were applied along the lower part of the spine the patient were to lie down on the bag, the melting ice would flow back toward its mouth, and thus, contrary to my intention, the cold would come in contact with the upper part of the spine, and by lessening the energy of the collateral ganglia of the sympathetic would facilitate the dilatation of the arteries supplying blood to the brain, and this dilatation would increase the cerebral hyperæmia supposed to be already present, together with the headache dependent upon it. Whereas, if by means of the upper two cells of the bag the ice be restricted as described along the lower part of the spine the afflux of blood to the lower half of the body will be increased by vaso-motor agency, blood will therefore be derived from the brain, and the headache thus relieved by removal of its proximate cause, will quickly cease.

Pulmonary disorders of any kind, when complicating the principal malady, necessitate the exercise of especial caution in prescribing the use of the spinal ice-bag; in all cases thus complicated the medical attendant should scrupulously avoid its application between the scapulæ. In the treatment of these cases I use a bag which I expressly devised for the purpose of exerting a special influence on the pelvic organs, and which I call the "lumbar ice-bag." It is about ten inches long and consists of two cells. When the associated pulmonary disorder does not affect the lower lobes of the lungs both cells of this bag may generally be used in order to combat the uterine disease, and generally with an indirectly but greatly beneficial influence on the pulmonary affection. The bottom of the lowest cell of the bag should be on a level with the 3d or 4th lumbar vertebra—not lower; the bag will thus reach upward to the lower angles of the scapulæ. If however bronchitis or other pulmonary disorder should extend to the lower lobes of the lungs, or if the bag applied as just directed should add to the already existing discomfort in the chest, the ice should be used only in the upper cell of the bag, and that cell should be brought down so that the bottom of *it* may be on a level with the 3d or 4th lumbar vertebra—the bottom cell being doubled behind the top one, or hanging empty below it. In this way not only may all injury of the lungs be avoided, but a remedial influence may be actually exerted upon them and often to a surprising degree, chiefly no doubt through the agency of derivation, partly however, I believe through the directly sedative influence of the ice on those spinal centers, from which trophic nerves convey nutritive energy to the pulmonary structures.

Pathology of Ataxic Aphasia.

Dr. J. B. LYMAN says on this subject in an article in the Chicago *Medical Examiner:* It may suffice to state that in most of the cases attended with hemiplegia, and where autopsies have been made, there has been found more or less extended lesion of the left cerebral hemisphere, corresponding to the right hemiplegia. These lesions have been cerebral softening, clots from hemorrhage, tumors and mechanical injury. From the indications furnished by these lesions, attempts have been made to locate the faculty of language, and they have been carefully studied with this view. The three most important theories have been those of Bouillaud, who locates the faculty in the anterior lobes of both hemispheres; that of Dax, who locates it in the left hemisphere, and that of Broca, who limits it to the posterior part of the third frontal convolution of the left side. Strange as it may seem, this last view has much in its favor, and has been well received by some. But for one I could not adopt it, even if there were no decisive facts to be abduced against it. In a double organ so nearly symmetrical as the brain, whose median line corresponds with the median line of the body, it is so contrary to all the analogy of nature that corresponding parts on each side should have different functions, that I could not receive it except on the most convincing evidence. But while most of the facts are in favor of the localization in the left hemisphere, yet there are some cases which militate against it, and still more against its location exclusively in the third frontal convolution of that side. Two cases are reported by Abercrombie, where there was loss of speech with *left* hemiplegia, in one of which there was cancer, and in the other tubercle in the *right* hemisphere. And many cases are reported by Andral of loss of speech without injury of the anterior lobes. But it must be remembered in reading these older writers, that loss of speech is not synonymous with aphasia, which is the loss of language or the idea of speech. Some of these cases might have arisen from paralysis or loss of co-ordinating power. The subject of aphasia had not then been studied as carefully as it has been more recently. There are, however, undoubted cases of aphasia which go to disprove the views of Broca. In the case of the patient Marcou, which we have before referred to, the aphasia was undoubted, and yet the hemiplegia was on the left side, and consequently the lesion was on the right side. But as this case did not terminate fatally, it has been argued that there may have been a lesion on the right side, producing the hemiplegia, and another on the left side, producing the aphasia. Trousseau, in reply, admits that multiple lesions are not very uncommon, but thinks they are usually found in severe apoplectic cases, and in cases of extensive traumatic injury. But this was a very mild case, and what is more to the point, both symptoms were de-

veloped simultaneously. There is another case of great weight on this question in the St. George's Hospital reports, as given in the *American Journal* for July, 1870, in which the hemiplegia was on the left side, and the lesion was the entire destruction of the island of Reil on the right side. And there have been many cases of aphasia where Broca himself was present at the autopsy. There is a case reported by Echeverria in the *Medical Record* for March 1st, 1869, and in the *American Journal* for April of the same year, showing that there may be lesion of that convolution without aphasia. It has been thought there was no such case on record. On the other hand it may be said in favor, so far as it goes, of Broca's theory, that there have been undoubted cases of the corresponding convolution on the *right* side without loss of speech. In fact, it must be admitted that aphasia, as a rule, results from lesion of the left side of the brain, so that in a sense the faculty of language is located on the left side. But in what sense? An explanation of this has been given, which I think has much in its favor. In the case just related, of left hemiplegia with aphasia, from the St. George's Hospital reports, the patient was at the same time ambidextrous, and indeed, rather inclined to use his left hand. And as we use both hands, but one better than the other, so the faculty of language may be more completely educated on one side than on the other; and when, after an attack of aphasia, the patient again *learns* the use of language, as this patient did, we may assume that he educates himself to use the other side of the brain for language, as he does for the use of his remaining hand, after losing the one most commonly used. This aphasiac patient was exceptionally hemiplegic on the left side; but he was also, exceptionally, left-handed. This view is strengthened by the theory, if it be true, that the left side of the brain is developed earlier than the right.

The Effects of Various Liquors on the Kidneys and Bladder.

M. KRAUS, of Vienna, in the *Mouvement Medicale*, treating on this subject, says: "Sparkling wines are very injurious, but not in respect of their carbonic acid, which assists very materially in the elimination of phosphates. Champagne not only increases the secretions, but, in an extraordinary manner, the phosphates; and the conduct of medical men who advise its use in calculous cases is irrational and unjustifiable. M. Kraus's experience contradicts absolutely the solvent action of carbonic acid on concretions already formed. He considers that old beer is an unobjectionable drink, but that lately brewed liquor is injurious, because the fomenting particles penetrate the mucous membrane and give rise to a greater or less degree of chronic catarrh. English pale ale is open to the same objection in consequence of its richness in alcohol and the great quantity of carbonic acid which it contains; but porter, if of good quality and age, is reported by M. Kraus to be unobjectionable.

Thrombosis of the Internal Carotid.

A curious case was communicated to the Academy of Medicine of Paris by M. VERNEUIL on behalf of M. RICHELOT. The patient had received some apparently slight injuries by the overturning of a cart, and was the subject of violent hyperæsthesia and excitement, which culminated in furious delirium, and eventually in coma, and all the symptoms of death by hemiplegia.

M. Verneuil diagnosed rupture of a small cerebral artery with compression, but the autopsy proved that this forecast was quite incorrect. After a careful search a thrombosis of the internal carotid was found filled by a coagulum which extended through all the ramifications of the middle cerebral, and accompanied by extensive softening of the left temporal lobe of the cerebrum.

The Oral Education of the Deaf and Dumb.

This subject was brought under the notice of the Society of Arts on the 17th ult., in a lengthened essay by Mr. DASENT, who communicated results of the adoption of the method advocated by him, which are very encouraging. In one statistical epitome of the subject he said that on an average there are 700 deaf and dumb persons in every million of the inhabitants of the earth, so that there would be 200,000 of these unfortunates in Europe alone; and here it must be remembered that observation has shown that in mountainous countries—such as Switzerland and Savoy—the deaf and dumb stand in much greater proportion to the rest of the people. In the canton of Berne, for instance, it is stated that in every 195 persons there is one deaf and dumb, which would raise the total in the million to 5,128. Roughly speaking, we may say that there are probably about 700,000 deaf and dumb on the surface of the earth.

Reviews and Book Notices.

NOTES ON BOOKS.

——M. LITTRÉ is very eminent as a grammarian, a lexicographer, and a positive philosopher; but few know how extended are his acquirements in the history and theory of medicine. He studied it for years, and published the works of HIPPOCRATES, though he never practiced nor indeed did he ever obtain

a diploma. Quite recently he has issued a small volume *Médicine et les Médecins*, in which he urges the importance of studying pathology with "positive philosophical" views, after the methods of COMTE. Whatever M. LITTRÉ writes is worth studying, and though we have very little respect for COMTE's philosophy as such, his suggestions as to method have certainly advanced exact science, and may pathology.

BOOK NOTCES.

Earth as a Topical Application in Surgery. Being a full Exposition of its use in all the cases requiring Topical Applications admitted in the Men's and Women's Surgical Wards of the Pennsylvania Hospital, during a period of six months in 1869. By ADDINELL HEWSON, M. D., etc. With four photo-relief illustrations. Philadelphia: Lindsay & Blakiston, 1872. 1 vol., 8 vo., cloth, pp. 309. Price, $2.

The advice of Horace is that a poem should be kept nine years before publication—*nonum prematur in annum;* and it were a wise action for many scientific writers to do as Dr. HEWSON has done in the work before us—allow three years to ripen the fruit of their observations before urging them on public attention. Were the rule followed, it would free us from "mony a foolish fancy," which we are obliged to heed more or less. That after such waiting, Dr. HEWSON publishes the records of his first ninety-three cases, shows at once that the two years and a half that have elapsed since he treated the last one have confirmed in his views the merits of the "earth-treatment," and rendered it deserving of extended recognition and application.

As we said, the volume contains the clinical record of ninety-three cases, not "assorted specimens," but consecutively as they presented themselves. They occupy about 160 pages. The remainder of the work is taken up with comments on the cases and a discussion of the *modus operandi* of earth as a therapeutic agent. The cases conclusively show that, as a rule, the contact of the earth is cooling and pleasant to the wound, reduces the pain, deodorizes, prevents putrefaction and hastens the healing process. These results are the highest possible testimonials in its favor. No surgeon should neglect to read this evidence, the means being so simple and obtainable. The latter part of the volume, on the *modus operandi*, seems hastily compiled, and might have been re-written and re-arranged with manifest advantage.

The four photographs are by the Woodbury process, and are an interesting exhibition of its completeness. We explained this process about a year ago in this journal, and are glad to see American publishers adopting it.

Transactions of the Wisconsin State Medical Society for the year 1871. Volume V. "*Medicina nusquams non est.* Saint Paul, Minn., 1871. 1 vol., 8vo., paper. Pp. 197.

Apart from the minutes, addresses, and merely local matter, which is to be found in this volume, and which has interest to few outside of the State, there are quite a number of articles on practical medicine, meriting a perusal by all practitioners. Among these we may designate the "case of vesico-vaginal fistula, with a brief historical sketch of the methods which have been resorted to for the cure of that malady," by Dr. J. K. BARTLETT, of Milwaukee, in which, however, we are astonished to find no reference to Dr. AGNEW's admirable monograph on that subject. Dr. L. G. ARMSTRONG, of Boscobel, discusses the causes and treatment of puerperal convulsions, and the general condition of the puerperal woman. Dr. D. C. DAVIES, of Columbus, defends vigorously the specialty of gynæcology; Dr. JAMES JOHNSON, in a sketch of the life and labors of Dr. DICKSON, of London, gives that eccentric author more credit than he deserves. Dr. JOHNSON's article is named "The Unity of Disease," this alleged unity being one of the great discoveries in which Dr. DICKSON used to pride himself. In fact, he never understood what this unity really is in its scientific aspect.

Other articles are, "Case of Aneurism," by Dr. L. G. ARMSTRONG; "Subcutaneous Nævus," by Dr. H. PALMER; a case of Diseased Bladder and Kidneys, by Dr. HENRY T. GODFREY; cases in Obstetrics, by Dr. CH. LINDE; Excision of Clavicle, by Dr. N. SENN; Hysterico-Neuralgia by Dr. J. B. Cory, etc.

——On Wednesday, March 6th, the degree of M. D. was conferred upon fourteen men and two women, by the Iowa State University.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 23, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE FIRST MEDICAL JOURNALIST.

In a conversation not long since with one of the best read physicians of this country, we were astonished at the recent date which he assigned to medical journalism, asserting it to have commenced within a century. This led us to make some inquiries as to what was the first medical journal ever published, who founded it, and what was its fate. The results of these researches we now lay before our readers, believing the facts we have collected worthy of preservation, as they are not to be found in the current histories of medicine.

Newspapers, or publications which may be classed under that name, appear to have been in existence as early as the reign of Elizabeth; but the first scientific periodical was undoubtedly the *Journal des Scavans*, commenced January, 1665. Although this famous weekly was more literary and critical than scientific, yet it embraced new and singular facts in natural science and medicine. The very first number, for instance (Jan. 5, 1665), contains a description of a bicephalic infant born near Salisbury, England.

The success of the *Journal des Scavans*, opening as it did a new and brilliant avenue to writers, and a facility of communication between students hitherto unknown, soon led to the formation of many similar enterprises. The most were of a purely literary stamp. Of those which were scientific, the *Acta Lipsiensa*, commenced at Leipzig, 1682, and published in Latin, is the best known. It appeared in serial volumes, and was a medium chosen by many medical writers to announce their discoveries and theories. In the volume for 1686, for instance, we noted two gynæcological essays of respectable merit, the one by Dr. WALTER CHARLETON, entitled *Inquisitio Physica de Causis Catameniorum ex Uteri Rheumatismo*, the other by Dr. NATHANIEL SPRY, his *Tractatus de Fluxu Menstruo*, both in the vein of the "Hippocratic school."

At that time the physicians were divided into two schools, who seem to have regarded each other with all the detestation which characterizes the "schools" of the present day. The one was the "Hippocratics," who swore by the words and theories of Hippocrates and Galen, and appear to have been a conservative, pedantic and fussy set; the other was the "Chemiatrics," who represented the radicals, the "party of progress," bold innovators, who discarded the ancient theories, and who were in consequence regarded by their opponents as "irregulars." Influenced by such representations, SPRENGEL and most medical historians since his time (few of whom seem to have done more than blindly follow SPRENGEL's opinions), decry them as little better than imposters and pretenders, a reputation they do not deserve.

This brings us to the first medical periodical. This progressive and aggressive school, as the wont is with such parties, was quick to grasp every means to extend its views, and increase its disciples. The example of the *Journal des Scavans* was not lost upon them. Before the commencement of the *Acta Lipsiensia*, before the celebrated Bayle had founded his literary periodical, a prominent leader of the Chemiatric school, Dr. NICOLAS DE BLEGNY had begun the publica-

tion of *the first medical journal ever issued*. It was a monthly, entitled the *Zodiacus Medico-Gallicus*, and appeared regularly from 1680, when it was started, until 1684.

We regret that our endeavors to find a copy of this most venerable monthly have been in vain. None, so far as we know, is to be found in this country. Nor do the historians we have consulted seem to have seen a copy of it. They speak of it disparagingly, when it is mentioned at all, which it is *not* in HECKER, RENOUARD, nor in any English author. Evidently the authors of the *Biographie Universelle*, where we have found the fullest account of him, were prejudiced both against BLEGNY and his works, by the diatribes of his foes and his untoward fate.

For this pioneer of medical journalism seems to have had an even more checquered and calamitous career that his successors on the uneasy tripods of to-day. With a preliminary *absit omen* we shall sketch for the benefit of this later generation his conflicts, his victories and his disasters.

Born in an humble station in life, he does not seem to have had the advantages of a learned education; but he must have made up for the deficiency by a rare energy, for as early as 1678, when he was but twenty-five years of age, he was appointed surgeon to the Queen; five years afterward surgeon in ordinary to the Duke of Orleans, and four years later, 1687, physician to the king, Louis XIV., *le Grand Monarque*.

During these years he was busily engaged in writing and lecturing on various medical topics. A work on venereal diseases, another on Peruvian bark, one on health of a popular character, and several others attest the facility of his pen. They are said not to indicate much ability, but we know them only through the criticisms of his adversaries, which is not a safe means of judging.

In connection with some other progressive spirits of the Chemiatric school, he formed a medical association, and it was the reports and discussions of this body which formed the staple of his medical journal. It was published monthly in French, and was translated into Latin and re-published at Geneva, by Dr. PIERRE BONNET, eminent not less as a musician than as a medical man. The title we have given above is that of BONNET'S translation, for we have not been able to discover the name given to the original French periodical. This translation is a strong testimony to the value of the publication.

But BLEGNY soon began to feel the thorns which have ever lain concealed in the editorial garland, and which we can testify (*expertus loquor*) have not yet disappeared.

The daring man who reviews a book and is conscientiously obliged to pronounce it trash, even if he never laid eyes upon the author, or even if it be published under an assumed name, has made himself an implacable foe, who will, if he can, call down the thunders of Jove on that miserable critic's head. So it is, and so it was. We have experienced it, and so did our forerunner in medical literature, poor DE BLEGNY. His animadversions on some medical books embittered some "brother professionals" to such a degree that they secured a prohibition of his journal in 1684. But he was not defeated. He at once made arrangements with a Dr. NIORT, a French physician practicing in Amsterdam, to commence its publication there. NIORT determined to render it less medical and more literary, a hazardous combination. With this object he named it *Le Mercure Galant*, and from 1684 onward it obtained a fair circulation, dropping, however, more and more the half-scientific air it had at first assumed, and finally becoming a literary review merely.

But this partial victory did not satisfy DE BLEGNY'S foes. The court of Louis XIV. was a slippery arena, and more than one of its brilliant lights suddenly disappeared from its scenes of gaiety to pass the remainder of his days in a dungeon. This came near being the fate of DE BLEGNY.

In 1693, from physician to the king, he was transformed into the occupant of a cell in the castle of Antwerpt. His enemies say, it was because he was detected in various rogueries (escroqueries); his friends may attribute it to the jealousy and animosity which his success and his criticisms undoubtedly evoked in the hearts of numerous rivals. A *lettre de cachet* was not difficult to obtain in those days, and imprisonment was not prefaced by a trial and an opportunity of defense.

For seven years he was immured by the banks of "the melancholy Scheldt," when he was liberated, doubtless a sadder and certainly a wiser man. For shunning the dangerous ground of courts and the unstable favor of princes, he retired to the quiet shades of the ancient city of Avignon, and there spent the remaining score of years which Providence allotted him. He died in 1722 at the age of seventy.

Such is a brief sketch of the earliest medical journalist mentioned by history. Defamed by his contemporaries and neglected by posterity, we have thought it worth while to rescue his name from oblivion. He was the leader of a band who have sown much and garnered little; and feeling how thankless and difficult was the task he set himself, and how inevitably the truthful reviewer incurs the dislike of many whose friendship he could gain by a lie, we have, in sympathy and in the belief that he was a wronged man, recalled the incidents of his life.

Notes and Comments.

Correction.

In Dr. WEHNER's prescription, on page 151 of this volume of the REPORTER, the ℥ sign was placed instead of the ʒ, as it should read.

Sir Henry Holland, M. D.,

whose *Recollections*, lately published, is an entertaining record of a half century of professional life, says that very early in his practice he determined that he must never allow his work so to engross him as that he should not be able to give two months of each year to travel; and having made this resolution in the interest of health, long life, and the happy exercise of all the powers of his mind, some of which demanded regular travel into strange lands, he made the further resolution, in the interest of social enjoyment, that, during the ten months still remaining to him of his year, his earnings should never amount to more than a certain sum, and the whole of his time should never be mortgaged to his patients.

Correspondence.

DOMESTIC.

A Case of Suspected Poisoning from Poison Oak

EDS. MED. & SURG. REPORTER:

I was called in consultation with Dr. BOSWELL, of Mecklenberg county, to see Mr. Jas. Jefferies. Found patient delirious, but not very much excited; pulse, 120 and considerable force; upper part of face very much swollen, also eye-lids and tongue, not so much from inflammation as from œdema. The lower lids were so œdematous as to cause eversion. Air passages all seemed to be very much impeded and breathing somewhat difficult; extremities cool; external surface of swollen parts not having any inflammatory appearance. I received the following report from Dr. BOSWELL: He was called to see patient on Friday, Feb. 2. He had not been feeling well for several days. The chief cause of complaint was severe pain of a neuralgic character over one eye. Was ordered inhalation of vapor from

℞.	Vinegar,	℥ij.	
	Opium,	gr j.	M.

A blanket being thrown over the head, a vapor was caused by pouring a small quantity of mixture on a hot brick under the blanket. The patient complained of nostrils being closed up, but, by continuing vapor the tissues relaxed so as to inhale the vapor very well. This seemed to relieve the pain. At this visit the patient vomited a considerable quantity of bile, almost pure. He was given a comp. cath. pill.

Saw patient again on Saturday, Feb. 3. Pills not having acted, ordered castor oil, which was followed by free discharges, composed largely of bile—complained of some pain, but over both eyes, and some stiffness of the jaws, with slight swelling of the glands and considerable headache and thirst, but no fever; pulse keeping about 76. Toward evening, some swelling of upper portion of face.

Sunday, February 4. Patient feeling pretty comfortable; swelling about eyes and upper portions of face increased; took breakfast with the family; appetite natural, but not very keen.

About 4 o'clock, P. M., Dr. B. took several ounces of blood from the temples, which seemed to relieve the headache. He was not confined to bed, but was dressed and about most of the time. Dr. B. remained with patient during the day and night. Patient rested very well during first part of night, except would rouse up occasionally and ask for water, and when supplied would go to sleep.

About one o'clock, A. M., Monday morning, Feb. 5, the swelling began to increase very rapidly, and patient waked up delirious. The patient now growing rapidly worse, a messenger was dispatched for me, to meet Dr. B. in consultation.

In the meantime his head was shaved and blistered, under the impression that it might be cerebro-spinal meningitis; but the doctor could not account for the swelling of features, tongue, fauces, etc., causing great difficulty in respiration.

Thus I found the patient upon my arrival.

In consultation, Dr. *B.* mentioned that several years ago he had several cases of a similar character occurring in some negro children who had made a fire of poison oak, and were supposed to have inhaled the fumes and were thus poisoned; one of these died before the cause was made known; the others recovered under the use of potass. bromide.

Upon inquiry it was found that Mr. J. had been, on the previous Monday, engaged in superintending the burning a plant patch for sowing tobacco seed, and that there was a great quantity of poison oak in the wood burned and the fires were just fresh wooded up when Mr. J. appeared, and the day being cold, he was very much exposed to their smoke and fumes. This seemed to be then some light on the subject. We gave some chloral-hydrate I had with me, and sent immediately to my office for potass., iodidii, not having the bromide potass. as used in cases mentioned. This we administered the diffusible stimuli and quinia, and kept up frictions to the extremities until warmth returned, and this was retained by application of warm cloths.

But all our efforts were vain; the patient continued to sink, breathing became more labored by the œdematous condition of air passages, and about two o'clock, P. M., a profuse perspiration appeared, which soon became clammy; extremities became shrunken and in appearance like a washerwoman's hands, and patient finally passed into a comatose state and expired, exhausted, about three o'clock, P. M.

Are we right in saying that death was caused by inhalation of poisonous vapor from poison oak? Or was the time of death too remote from the supposed cause of death? One of the hands who were helping felt some nausea on the Wednesday following the burning, but was relieved by some domestic remedy. Mr. J. did not feel much indisposed until Thursday afternoon; previous to that time he had been attending his ordinary avocation.

The peculiar irritant, whatever its nature, did not seem to have any effect, or at least cause any sign of inflammation on the epidermis. Its action seemed to be entirely on the mucous and serous surfaces, with which the vapor could come in contact. Pulse continued about 76, until delirium set in.

Mr. J. had but recently moved to this section from Barnesville, Ohio.

R. J. Clarke, M. D.

Wylliesburg, Va., Feb. 29, 1872.

A Suggestion in Amputations at the Knee.

Eds. Med. and Surg. Reporter:

I remember to have seen, not long since, a notice of a discussion in Germany on the merits of a new mode for amputation of the thigh at the knee, in which the femur is sawn through the condyles, or at the epiphysis, and the patella retained in the flap, that it may unite with and upon the sawn end of the bone. The analogy of the following case in the final result leads me to believe it will not be without interest to the profession:

I was called, July, 1870, to Patrick Newsome, æt. 48 years; found him suffering from an extensive ulceration, involving the greater part of the leg. I was told that he had suffered for a period of eight years, having, in the meantime, tried the best skill that he could secure, without permanent benefit, and when I was called it was for the purpose of having the limb amputated. From a strongly expressed desire on his part I consented to amputate below the knee joint, though this would force me to cut through the tibial tuberosities, making, what I thought at the time, a very imperfect operation, from the want of a sufficient covering for the bone.

After the operation the case seemed to do very well, healing slowly, however, for some four or five weeks, when the tuberosities began to give way by exfoliation, which continued until they were entirely removed. This was not fully accomplished until about one year after the operation. Mr. N. at this time has the most perfect stump I have ever seen; the patella seems to have become fixed on the end of the femur, while the cicatrice is formed directly behind with an abundance of sound tissue.

V. H. Harrison, M. D.

Clarkton, Mo., February 12, 1872.

Was it Leucocythemia?

Eds. Med. and Surg. Reporter:

By allowing a short criticism on Dr. Way's paper, as read before the "Meigs and Mason Academy of Medicine," and published in the Reporter, February 10, 1872, it may cause

physicians to be more careful in arriving at conclusions, as to diagnosis, pathology, etc. It will be seen from the doctor's report that three other physicians examined the case, one of which ventured to diagnose "worms," and an anthelmintic was ordered, which, according to his own account, brought *two feet of square prostration* in place of relief to his patient. Finally the doctor comes to the conclusion (after the death of his patient), that it was a case of leucocythemia.

But to be brief and come to the point at once: What were the symptoms in this case on which to base a diagnosis? They were principally headache, epistaxis, with extreme nervous irritability, soon followed with all the characteristic symptoms of Grave's disease, or exophthalmic goiter, such as protrusion of the eyeballs, inordinate action of the heart, enlargement of the thyroid gland, extreme anemia, etc. A moment's reflection I think will be sufficient to convince any one of the cause of Jane D.'s death, and I hope the doctor will not consider me captious for writing this short article, for a sense of duty, as well as love for the profession, are the only motives I have in calling attention to it. Respectfully,

W. H. BRYANT, M. D.

Savannah, Mo., March, 1872.

An Extempore Vaginal Douche.

EDS. MED. AND SURG. REPORTER:

I beg to give some instructions how to make an extemporized vaginal douche:

Take a common water cooler, a gutta percha tube some half inch in caliber and seven feet long. Firmly secure one end of this tube over the mouth of the cock. At the other end insert the cylinder of a female glass syringe Now the vaginal douche is complete.

A stop-cock inserted in a wooden or tin bucket makes just as good a fountain as the water cooler.

When used the fountain must be elevated according to the force required. Three or four feet is usually sufficient. It matters but little how high it is, for with the stop-cock you can also regulate the force of the douche.

A tub for the woman to sit in completes the necessities.

A cold douche given with this instrument, where gallons can be thrown into the vagina in one continuous and uniform flow, will be found useful in the following diseases: Uterine hemorrhage, acute and chronic; ulceration of the uterus, in all its parts; prolapsus uteri; leucorrhea; particularly, acute gonorrhea.

A warm douche is useful in dysmenorrhea, amenorrhea, and fetid discharges from the vagina after child birth.

SAMUEL WOOLSTON, M. D.

Vincenttown, Pa., March 9, 1872.

Case of Amputation of the Leg.

EDS. MED. AND SURG. REPORTER:

Ping Chong, æt. 30 years; laborer on Central Pacific RR. construction; fell from the gravel train, and was run over by several cars of the train, producing compound, comminuted fracture of the left tibia and fibula, about the junction of middle and lower third; also comminuted fracture of right tibia and fibula near the same point. The accident occurred December 25th, after which the patient was left in a small tent to be relieved by death. January 1st he seemed to his comrades to be as well as at any time since the injury; hence they were persuaded to have a doctor see him. On examination, beside the previous described condition, the patient had weak and slow pulse, about 50; general prostration, and a positive disinclination to be relieved. The Chinese almost invariably refuse to have any amputation performed, on account of the superstitious idea that if minus a limb they will be refused admission to the happy hunting ground. Hence this man's refusal. He finally agreed to have the left limb removed, which was done as close to the injury as possible, and splintered the right—assisted by Dr. O. D. CASS. His recovery on boiled rice and tea diet was rapid and entirely satisfactory. In six weeks he was ready to start for China, able to stand firmly on his right leg. I was surprised to see so complete a recovery of the right leg without any interference.

Yours truly,

J. W. GRAHAM, M. D.

Corinne, Utah, Feb. 22, 1872.

FOREIGN.

Letter from Vienna.

EDS. MED. AND SURG. REPORTER:

The importance of any suggestions capable of assisting physicians and surgeons in giving relief to suffering humanity, prompts me to call the attention of your readers to an idea, which to medical men here seems to promise good results.

Dr. P. A. O'CONNOLL, of Boston, Mass., formerly Medical Director of the 9th Army Corps, now in this city for the purpose of study and observation, is endeavoring to have tested more fully in the hospitals, a method for the relief of persons suffering from retention of urine in consequence of impermeable stricture of the urethra.

In several cases of the kind in which catheters could not be passed—opiates and baths having also failed—the doctor's method succeeded admirably; and he now desires to ascertain by a larger number of experiments whether the method is of general application, or whether it is only to be regarded as *one* of the means that *may* be employed.

The instruments used are very simple, consisting of a common silver catheter with a small hole drilled in the farther extremity, and an India-rubber pouch or bulb connected with the other and by means of a short rub-

ber tube. A piece of a firm flexible catheter will also answer the purpose.

The operation has likewise the advantage of being very simple, without the possibility of injuring the patient. It consists in passing the catheter down to the stricture, after the atmosphere has been expelled from the pouch by slight pressure upon its sides. The pouch is then allowed to expand gradually, at the same time the patient is instructed to make an easy effort at voiding urine. A common syringe might be used instead of the India-rubber bulb were it not that more is expected from the *continued* and *steady* suction produced by the self-expanding pouch.

The announcement of the discovery of syphilitic blood in Prof. STRICKER's laboratory by Dr. LOSDORFER has created a sensation in medical circles in this city. Several prominent men have already taken part in the discussion, which, of course, encourages the young doctor to pursue his investigations. But a difficulty has arisen in the further announcement that the same phenomena are observed in the blood of psoriasis and scarlatina patients. Another experimenter, who declares that he never had syphilis, and is now in perfect health, finds the same in his own blood. These phenomena, as they appear to my eye through an immersion lens of nigh magnifying power, consist of small granules floating among the red and white blood corpuscles.

I may add that Vienna furnishes superior advantages to those who desire to study pathology and skin diseases. Other branches may be studied equally well in the United States, and perhaps better. The shameless *exhibition* of patients, especially females, by medical men, has given to Vienna an unenviable reputation. Females are also employed as nurses in all the wards, even surgical and syphilitic. The dexterity with which they wash and dress the genitals of the opposite sex is, at first sight, both shocking and amusing.

R. L. SIBBET, M. D.,
Member of the Medical Society of the State of Pennsylvania and one of the censors of the Harrisburg District.
Vienna, Feb. 20, 1872.

NEWS AND MISCELLANY.

University of Pennsylvania.

The Annual Alumni Meeting was held at the University on Monday, 11th inst., at 4 P. M.

The report of the executive committee was listened to with great interest, especially that portion relating to the new University Hospital, for which $150,000 has already been raised. The committee have been most indefatigable in their efforts, and will still continue to push forward this work, which is so essential to the medical prosperity of the University, as well as to the suffering humanity of this city.

It is earnestly hoped that every alumnus and friend of the University throughout the Union will feel it incumbent upon himself to use his utmost influence to add to this fund. The trustees have already set apart an excellent plot of ground for its location.

Resolutions of thanks were unanimously adopted, expressive of the obligations due to the members of the profession, citizens, trustees and press, who have so kindly and nobly aided in their work.

An award of $50 each, for prize theses, was made to Dr. Wm. T. Rogers, of Georgia, "Hemorrhagic Malarial Fever," and to Dr. Thom. Hunter, of Pennsylvania, "On Correspondence of the Convolutions of the Brain, with Markings on Interior of Cranium."

The following officers were elected for the ensuing year:

President—George B. Wood, M. D.

Vice Presidents—Drs. Jos. Carson, Geo. W. Norris, Sam'l H. Dickson, Wilmer Worthington.

Corresponding Secretary—Jerome Longenecker, M. D.

Recording Secretary—H. Y. Evans, M. D.

Treasurer—R. E. Rogers, M. D.

Executive Committee—Drs. Hiram Corson, Richard M. Cooper, Ed. Hartshorne, Lewis D. Harlow, Wm. Hunt, And. Nebinger, John H. Packard, H. L. Hodge, James Tyson, Wm. Pepper, D. Murray Cheston, H. B. Hare, W. F. Norris, T. J. Tarron, J. B. Howard Gittings, W. Furness Jenks, C. B. Nancrede, C. H. Marklein, Louis Stare, L. B. Hoff.

Orator—Prof. Alfred Stillé, M. D.

In the evening the second annual banquet was held in the hall of the academical department, and was well attended, the members of the graduating class being present as guests. The speeches all indicated an unanimous desire to assist in pushing forward this hospital work.

The commencement was held on Tuesday at the Academy of Music at 12 M., with the usual ceremonies. A sound and able address was delivered by Prof. D. Hayes Agnew, M. D. The prizes were awarded to the two gentlemen mentioned in the report of the alumni meeting.

The party to the graduates was given by Prof. Leidy, at 8 P. M., thus closing the work of the winter session.

Clinics and lectures will be resumed on the 1st of April, and will continue until July.

University of Pennsylvania—Spring Course.

The introductory to the seventh annual course of lectures of the Auxiliary Faculty of Medicine will be delivered at the University by Dr. HARRISON ALLEN, on Monday, March 25th inst., at 1 o'clock. Subject of the lecture—*Analysis of the Animal Form in Art.*

Students should not neglect to attend the spring and summer courses. The lecturers are young, energetic and able men, who bring to the task of instruction minds trained in the best foreign and American schools of science. Frequently they prove even more skillful instructors than their more reverend and active seniors.

Dentistry.

Steinway Hall was comfortably filled on Monday evening, March 4th, by a fashionable and appreciative audience, the occasion being the sixth annual commencement of the New York College of Dentistry.

The annual report as read by the Dean, Professor Frank Abbott, contained some interesting statistics. The number of students attending college during the year was 83; graduates, 10; number of patients treated in infirmary, 5,138; number of operations performed, 5,890; number of artificial teeth inserted, 1,543; number of clinics, 70; number of operations in oral surgery, 15. The professor in the course of his remarks referred to the rapid strides made in the past few years in the science of dentistry, of its importance as an active agent in promoting the happiness of man; of the dignity of its calling, no longer to be considered a mechanical art merely, but a specialty in the great art of healing; his remarks were received by the audience as undoubtedly they would be by all in favor of the masticating process.

The conferring of degrees to the graduates then took place, after which was the presentation of the faculty prize. The fortunate recipient of this really valuable testimonial was Wilbur F. Kelsy, of Connecticut, who bore his honors with becoming modesty and such natural grace as to elicit warm plaudits from the ladies present.

The closing address was delivered by the Hon. John H. Anthon. True to the inveterate instincts of the lawyer, the gentleman undertook to prove that owing to the great advance in the science—what was once rightly regarded as a painful process, viz., having a tooth extracted, might now be considered a luxury; for his own part, he would feel equal pleasure in having a molar drawn as taking a bath. The illustration was not a happy one, the audience being obviously in doubt whether the gentleman's indifference in the matter might not have been caused by antipathy to cold water. The remark, however, caused some merriment, and answered a good purpose.

The proceedings were brought to an appropriate close by the benediction by Chancellor Ferris, after which the large audience dispersed.

The evening's exercises, in themselves interesting, borrowed additional interest from the presence of the famous band of the Ninth regiment, which discoursed most excellent music.

Commencements.

BELLEVUE HOSPITAL MEDICAL COLLEGE OF NEW YORK.

The tenth annual commencent of this institution was held at the Academy of Music, on Thursday evening, the 29th of February. The building was crowded to its utmost capacity with the friends and admirers of the students of Bellevue Medical College. The scene was really a brilliant one, and reminded one of the time when Italian opera was at the height of its glory.

The proceedings were opened with prayer by the Rev. ALFRED B. BEACH, D.D., chaplain of the college, after which Prof. ISAAC E. TAYLOR, M. D., conferred the degree of Doctor of Medicine on the following gentlemen:

Benjamin L. Lothrop, of New York, Valedictorian for 1872. John Q. Adams, New Hampshire; Enrique V. Agramonte, Cuba; Anibel de Aguero, Cuba; Charles C. Allen, Illinois; Richard W. Allen, New York; Ramon Amabile, New York; Frank D. Bain, Ohio; Luis A. Barault, Cuba; Geo. F. Bates, New York; John R. Beamon, Virginia; Bennett E. Bean, Kentucky; Wm. W. Bickett, Ohio; Horace G. Bidwell, New Jersey; John E. Blaine, Pennsylvania; Joseph H. Bogart, New York; Almor S. Bonsteel, New York; Le Roy J. Brooks, Thos. H. Burchard, Frank H. Butler, William Carr, New York; Ewan Cameron, Prince Edwards Island; Martin Cavana, New York; Cass R. Carlin, Ohio; James H. Clark, California; Wm. T. Cockes, California; Charles E. Cole, New York; Jesse W. Connell, Kentucky; George W. Cooke, New York; James P. Cope, Indiana; Benjamin L. Crawford, Virginia; Jose M. Delgado, New York; Hezekiah Doster, Indiana; James A. Duncan, Ohio; Milo M. Dunton, New York; Wallace E. Dutton, Minnesota; Jesse R. Duval, Texas; Isaac Edwards, Nebraska; George Egbert, Indiana; Thomas A. Elder, Willis J. Estep, Pennsylvania; Paul Faver, Georgia; Molton H. Forrest, New York; George W. Frost, Iowa; Amos B. Fuller, Ohio; Wm. T. Fullerton, Nova Scotia; Walter F. Fundenberg, Maryland; Elisha George, New York; Charles H. Getzdendanner, Maryland; John J. Gleary, New York; David W. Graham, Illinois; Charles H. Greenough, New York; Cyrus Haven, New York; Wm. S. Haymond, Indiana; Stephen O. Hendrick, Connecticut; Hugh O. Hendry, New Jersey; Ezra B. Hiestand, Ohio; Lemuel W. Hooper, East Tennessee; Lucien Howe, Kentucky. James H. Hunt, New York; Wm. High, Indiana; Wm. A. Johnston, Alabama; George W. Johnston, Virginia; James S. Johnston, Ontario; David Inglis, Michigan, John C. Irish, Maine; Emil Knecht, New York; John Kinead, Kentucky; Jacob Klingeman, Pennsylvania; Alfred C. Kinney, Oregon; Louis A. LaGonde, Louisiana; Leonidas H. Laidley, Pennsylvania; Charles H. Laird, New Jer-

sey, Edmund D. Laughlin, Indiana; Samuel T. Lindsay, Missouri; Thomas M. Livingston, Missouri; Robert McKelvie, Prince Edwards Island; George J. Mack, Iowa; James H. Mackintosh, New Jersey; Thomas McCarthy, New Brunswick; Wm. J. McCurdy, Ontario; Wm. H. McGee, New Jersey; Allen R. McMcLean, Nova Scotia; Adolfo Maragliano, Cuba; Ryan G. Mendenhall, Indiana; Trustrum H. Merrill, New Brunswick; Isaac Metzger, New York; Seth Jones Montague, North Carolina; Thomas H. Mitchell, Ontario; Aaron J. Mixsell, New York; James J. Neeley, Tennessee; Jacob S. Nichols, Missouri; William H. Park, Texas; James Perry, Sylvester G. Pomeroy, New York; Joseph R. Pope, North Carolina; David R. Porter, Missouri; Francisco B. de Quinones, West Indies; Benjamin F. Uran, Illinois, Abram C. Renninger, Pennsylvania; William S. Reynolds, South Carolina; Benjamin F. Rogers, Pennsylvania; John H. Ryan, Jr., New Brunswick; William G. Salmon, Texas; George M. Schweig, New York; William C. Shaw, Pennsylvania; Douglas A. Shiley, New York; Joseph A. Sladen, District of Columbia; Royal Slocum, Jr., New York; Curtis C. Strong, Oregon; John A. Sutcliffe, Indiana; Wm. C. Tennant, Ontario; Patrick Henry Thomas, New York; Sidney S. Thomas, Ontario; Robert H. Thornton, Kentucky; Charles H. Turner, Henry Van Hoevenburg, Carl Emil Waechter, New York; William S. Watkins, Tennessee; Harwood Wakeman, New York; Henry S. Welch, California; Rodman E. Welch, Vermont; Levi White, Nathaniel K. Whittemore, Eugene S. Yates, Massachusetts; Thomas George Williams, Wisconsin; Wm. E. Williams, Connecticut; Joel S. Willis, Texas; Dallas M. Woods, Ohio.

On account of the sudden illness of the valedictorian, Benj. L. Lothrop, A. M., M. D., the valedictory address was read by Mr. William Carr, of the graduating class.

Professor A. B. Crosby, M. D., delivered a brilliant and instructive address to the graduates, reminding them that the cultivation of refined and gentlemanly courtesy of manner was highly indispensable in their intercourse with the patients they may be called in to attend; as also toward each other.

At the close of the address the orchestra struck up the "Castilian Galop," and the exercises were closed.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The sixty-fifth Annual Commencement of the College of Physicians and Surgeons took place on Wednesday evening, February 28, 1872, at Steinway Hall.

The proceedings were opened by prayer, Rev. M. S. Hutton, D. D., officiating. The degree of Bachelor of Medicine was conferred on the following gentlemen:

Samuel Swift, Ph. B., Valedictorian; Daniel S. Adams, New Hampshire; Samuel B. Bangs, New York; Geo. W. Bartow, New Jersey; Guy C. Bayley, New York; James W. Belvin, Virginia; Edward S. Blanchard, Nova Scotia; Peter A. E. Boetzkes, New York; Thos. N. Bradfield, New Jersey; Wm. G. Budington, New York; Wm. T. Bull, A. B., New York; Wm Busse, New York; Norman Call, Maine; Henry Caminers, A. B., Cuba; Pantaleon Candidus, New York; Thomas A. Carson, New York; Henry S. Carter, A. B., Ohio, Harvey H. Chase, Indiana; Dennis Church, Jr., New York; Frank C. Clark, A. B., Fred'k H. Conger, Wisconsin; Richard B. Contant, New York; Charles L. Dey, New Jersey; Gabriel A. Diaz, Cuba; Charles R. Doane, Coert DuBois, A. M., New York; Wm. W Dinden, Mississippi; Bernard Ellis, New York; John E. Ensill, New York; Mathias Figueira, Portugal, Martin J. Fleming, A. M., N. Y.; Geo. C. Gage, Alabama; Jas. A. Gladstone, New York; William Guden, New York; Geo. W. Hall, A. B., Maine; Henry P. Harvey, Mississippi; Jacob J. Healy, New Hampshire; Joseph Heine, Jr., New York; Joseph J. Henna. Porto Rico; Edward K. Henschell, New York; Charles Hitchcock, Ph. B., Rhode Island; Wyatt Hollingsworth, Alabama; Allen C. Hutton, New York; Samuel B. Jones, Massachusetts; Wm. R. Kinmouth, New York; John D. Kline, Mississippi; Louis G. Knox, New York; Henry A. Kornemann, New York; John Martin, A. M., New York; Martin S. Mathency, Tennessee; Alfred W. Maynard, New York; William P. Meagher, Nova Scotia; John A. Montgomery, New York; William O. Moore, New York; Joseph V. Mott, New York; David H. Mount, A. M., New Jersey; Dennis D. Mulcahy, New York; Thomas Naughton, A. B., New York; Alfred E. Regensburger, New York; Joel H. Rieger, North Carolina; Charles D. V. Romondt, New Jersey; John H. Seaburg, New York; Willington B. Searles, New York; George L. Sinclair, Nova Scotia; Andrew B. Somers, Vermont; M. Frederick Squire, New Jersey; Samuel B. Stillwell, New York; Samuel Swift, Ph. B., New York; Thomas J. Thompson, A. B., New York; John R. Thompson, New York; Cornelius G. Trow, A. B., Massachusetts; Charles B. Uhler, Connecticut; John A. Webb, New York; Henry B. Webster, Nova Scotia; Nicholas Williamson, A. M., New York; Robert B. Wilson, New York; Enoch D. Woodbridge, A. B., Vermont; Carl H. A Weidner.

The names of the successful competitors for the prizes awarded to those who had written the best theses were then announced by Professor Dalton. He said that although there were but few prizes this year nearly every one of the theses written deserved honorable mention, both for their literary and scientific merit.

Prize for best thesis—William T. Bull, A.

B., New York. Second prize to Peter A. E. Boetzkes.

The following received honorable mention: Edward K. Henschell, New York; George C. Sage, Alabama; John H. Seabury, T. Naylor Bradford and Cornelius S. Crowe. The "Otis" prize—a case of surgical instruments—was awarded to Mr. F. W. Chapin, of New York. The prize of the Alumni Association, a check for $400, was given to French P. Foster, M. D., of the class of '62.

The Rev. Henry Ward Beecher delivered an eloquent extempore address. He said that the mass of the people had, of late years, become more and more enlightened, and in a great many senses every man was his own doctor and his own lawyer, and the profession must keep up with the times, as his own ministerial one had found itself compelled to do. They must teach mental and moral philosophy, and the doctrine of hygiene. Fresh air and the glorious orb of day had come to be know as the great elements of health.

He wound up by paying the profession a high compliment on their services during the late war, when, leaving home and comfort, and scorning death and danger, the disciples of Esculapius, were always "in the front" succoring the sick and wounded.

During the exercises Grafulla's Seventh regiment band played several fine selections.

JEFFERSON MEDICAL COLLEGE.

The Annual Commencement of this institution took place on Saturday at the Academy of Music. The attendance of friends of the College was large. The proceedings were interspersed with music by the Germania orchestra. Prayer was offered up by the Rev. John Chambers, and the Degree of Doctor of Medicine was conferred on the following gentlemen by the Hon. J. R. Burden, M. D.:

From Pennsylvania—T. D. M. Allison, E. B. G. Badger, D. N. Bertolette, Peter Beutel, A. S. Bonbrake, M. L. Bott, James A. Brush, M. D., M. J. Buck, Lewis Bush, W. C. Byers, C. H. Closson, David Crise, J. T. Criswell, N. A. Eshleman, J. F. Feick, H. M. Fisher, John F. Fisher, James A. Fitzpatrick, C. L. Frey, John B. Glenn, B. F. Greene, Jacob M. Gross, G. H. Hilliard, Wm. Lelo, A. J. Louder, Franklin Matthews, W. A. McClure, I. J. Meals, James W. Mehard, J. H. Miles, A. B. Mitchell, Spencer Morris, M. D., F. G. Morrow, E. A. Mundorff, George B. Orlady, Wm. C. Parry, O. F. Person, S. H. Pettigrew, C. F. Pflueger, O. P. Piper, Wm. Porter, W. J. Riggs, John A. Rynard, George W. Sample, F. A. Sharp, T. H. Sharpnack, Charles A. Seigfried, E. R. Stone, Thomas A. Taylor, F. L. Trowbridge, A. S. Uberroth, S. J. Weaver, Geo. G. Wood—54.

Ohio—Harrison Armstrong, H. Driesbach, Jas. Fraunfelter, P. S. Greenamyer, L. W. Greenwald, A. G. Sellerds, M. D., G. S. Haly—7.

Kentucky—E. M. Duncan, Jos. C. Hearne, J. W. Ishmael, J. K. McCreary, Will N. Nelson, F. W. Tierman, J. R. Waggener—7.

West Virginia—J. W. Baker, Enos Amos, E. S. Buffington, Charles S. Green, J. M. White—5.

New Jersey—H. H. Pemberton, C. H. Shivers, Edwin Tomilnson, E. S. Wynn, C. C. Vanderbeck—5.

South Carolina—James H. Harrison, W. B. Harrison, H. M. Perry, Jno. M. Thompson—4.

Tennessee—John B. Cummings, James H. Lenow, S. W. Sanford—3.

Texas—D. A. Paschall, S. G. Cloud, Thomas H. Williams—3.

New York—F. T. Cochran, Edward Rushmore, W. M. Walker—3.

Delaware—H. G. M. Kollock, B. F. Folson—2.

Illinois—Ewing Dale, P. W. Farrar—2.

Massachusetts—Charles A. Bemis, C. M. Sawyer—2.

Virginia—M. F. Richards, Harry M. Dodd—2.

Georgia—A. G. Graham, G. T. Walton—2.

Maryland—Jos. M. Emmert, S. W. Handy—2.

Rhode Island—John H. Abbot—1.

Arkansas—John R. Dale—1.

Alabama—T. L. Fountain—1.

Indiana—S. W. Thompson, M. D.—1.

Iowa—George G. Topping—1.

Maine—Charles W. Johnson—1.

Vermont—J. N. Norcross—1.

Colorado—J. H. Reid, A. M.—1.

Nova Scotia—John McK. Graham—1.

Scotland—Donald McCallum—1.

Prof. Joseph Pancoast, M. D., delivered the valedictory address.

The degree of Doctor of Divinity was conferred upon the Rev. Henry Spackman and the Rev. J. H. Eccleston, and the degree of Doctor of Laws upon Hon. James T. Mitchell and Hon. Thomas K. Finletter, by the Board of Trustees.

A Monument to Horace Wells.

We are to notice that the city government of Hartford, Conn., has authorized a committee to contract with T. H. Bartlett, the sculptor, for a statue of the late Dr. HORACE WELLS, of that city, the discoverer of anæsthesia, to be erected in the park.

This is a well-deserved honor, for there is nothing plainer, or more capable of demonstration, than that HORACE WELLS was the first person who employed an anæsthetic in surgical operations.

A Bad Spell!

A St. Louis paper gives the following different ways in which the word "vaccinate" was spelled by as many parents in that city, in recent notes to school teachers, and there were sixty schools still to here from: "Vacenate, vexinated, vexenated, vaxnate, waxnaded, vaccennate, waxnated, waxnite, vascennate,

vaxnate, vacinated, faxeneted, vaxenated, vaxenaded, vaxnaden, waxenaded, vaccenated, vaxcineateing, vaxcineating, waxnated, waxineinghen, waxenated, wascinnated, wascinatia, vexnated, wacsionated, wakenated, vaxcinated, waxneighen."

Did no one spell the word correctly?

——We desire to call our reader's attention to "Toner's Medical Register and Directory of the United States." Comprising the names and post-office address of the physicians of the United States, the names and locations of medical colleges, hospitals, asylums, institutions, associations, etc., in the different States and territories. By JOSEPH M. TONER, M. D. S. W. Butler M. D.: Philadelphia, 1872.

The want of a comprehensive and reliable Medical Register and Directory of the United States has been long and seriously felt by the profession. Such a work, similar in scope to the Medical Register issued annually in Great Britain, we are persuaded, will do more toward encouraging medical organization, and to unite and elevate the regular profession of our country, than any measure hitherto inaugurated. Dr. BUTLER is now making an earnest effort, and, with the co-pperation of our medical brethren throughout the country, will shortly present to the profession a Register and Directory worthy of their confidence and support. It is desirable that the Register shall contain the name of every physician in the United States. For this purpose a circular is sent to over fifty thousand physicians, preparatory to publishing Dr. Toner's Medical Register and Directory of the United States. That it may be as complete as possible, application is made directly to each physician, so as to avoid errors, and for confirmation or correction of data already collected, and to obtain additional information of interest to the profession. It contains the following inquiries:

Give name in full, with post-office address.

Are you a graduate in the arts or sciences? (Insert the name of college, and year of graduation.) Honorary degrees in either conferred? Name college.

Are you a graduate in medicine? If not, have you attended medical lectures? How many full courses? (Insert name of college or colleges, with date of graduation.)

Do you belong to any medical society or organization? (Insert name and locality of such.)

Name official position held. (Insert place of honor or trust held or elected to, with office or position now held in societies, hospitals, dispensaries, colleges, board of health, etc. Also, membership in scientific societies at home or abroad.)

Have you served in the Army or Navy? (Insert duration of services and field of labor, with rank.)

Insert titles and dates of any medical works or papers you have puplished.

Are you a general practitioner, or do you devote yourself to one or more specialties? State which, or name of specialty.

State under what class of practitioners you rank yourself—as regular, homeopathic, hydropathic, eclectic, Thomsonian, etc. Name which.

Give the names of as many physicians addressed through your post-office as you can. Also the names of medical societies and organizations in your vicinity, with their officers. Also, the name of the coroner of your city or county.

Do you wish to subscribe for a copy of the REGISTER?

Price—*till May*, 1872, $5; after that, $6.

Medical men of respectability and standing in the profession, especially, should be particular to respond to the circular, that they may have their proper status in the REGISTER AND DIRECTORY.

Physicians whose names are not found in this volume, or who may change their residence, as well as those whose names or address may be incorrectly printed, will consult their own interest as well as confer a favor by sending their names and address, with the corrections desired, to S. W. BUTLER, M. D., Philadelphia, Pa., so that they may appe r properly in the next volume. This request is also extended to all medical institutions, associations and organizations in the United States, so that future issues may be as nearly accurate and complete as possible.

Treatment of Hydrophobia.

A correspondent cuts from an Ohio paper a description of a case of hydrophobia said to be successfully treated. About one grain of the sulphate of morphine was injected under the skin once in four hours, and half a drachm of the powdered castor mixed with syrup, given internally.

The effect was to produce sleep in about half an hour, which lasted about an hour and a half, when the convulsions returned at intervals of an hour to an hour and a half for twelve hours, when the last convulsion occurred, after which he suffered severely from obstinate vomiting for twenty-four hours, when that also ceased, leaving the patient comparatively easy, but very much prostrated. After that time he gradually improved, and now is, to all appearances, quite well. In addition to the above treatment, small quantities of chloroform were inhaled at times, and the patient was wrapped in a woolen blanket wrung out of a warm solution of muriate of ammonia, eighteen to twenty grains to the ounce, after the convulsions had ceased. Especial stress was laid on the castor as an antispasmodic, but we question whether it acted with much efficiency.

Woman's Medical College—Annual Commencement.

The Twentieth Annual Commencement of the Woman's Medical College took place yesterday at Musical Fund Hall. There was a large attendance of the friends of the college. The Germania Orchestra performed a number of popular pieces of music during the exercises.

After prayer by the Rev. RICHARD NEWTON, D. D., the degree of Doctor of Medicine was conferred upon the following ladies by Mr. T. MORRIS PEROT, President of the institution.

From Pennsylvania.—Elizabeth M. Bertolet, Melissa A. Bradley, Jane Kimmell Garver, Deborah K. Longshore, Esther L. W. Nippes.

New York.—Amelia A. Christie, Sarah M. Eddy, S. Augusta Wood.

Ohio.—Eliza E. Judson, Helen L. Betts.

Maine.—Eliza M. Babb.

Massachusetts.—Sarah R. Monro.

New Hampshire.—Frances E. White.

The valedictory address to the graduates was delivered by Henry Hartshorne, M. D., Professor of Hygiene and Diseases of Children.

Philadelphia College of Pharmacy.

The fifty-first Annual Commencement of the Philadelphia College of Pharmacy took place last evening, at the Academy of Music, in the presence of a large audience. After appropriate music by the orchestra, the degree of Graduate in Pharmacy was conferred on the graduates by DILLWYN PARRISH, President of the College.

Enforced Vaccination.

The General Assembly of Ohio has passed the following important act:

A BILL to provide for vaccination in the public schools of this State, and to prevent the spread of small-pox therein.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio*, That the several boards of education in this State shall have authority to make and enforce such rules and regulations to secure the vaccination of, and to prevent the spread of small-pox among the pupils attending or eligible to attend their respective schools as, in their opinion, the safety and interest of the public may require. It shall be the duty of the board of Health, town council, or trustees of township, of every city, town, or township, on application of the board of education of said city, town, or township, to provide without delay, at the public expense, the means of vaccination to such pupils as shall not be provided therewith by their respective parents or guardians.

SEC. 2. It shall be the duty of the president of every such board to call a meeting thereof, for the purpose contemplated in this act, on the request of any member thereof.

SEC. 3. This act shall take effect on its passage.

—— A physician in North Yarmouth, Me during the fifty years of his practice, has a proprietd the proceeds of his profession services on Sundays to benevolent purpose

QUERIES AND REPLIES.

Dr. John Kerr, Cedar Falls, Iowa, retiring from the profession, desires to sell his medical library, consisting of standard works on the different branches of medicine, all in good order, or to exchange the books for others of a general character. Among his books is nearly a complete file of the MEDICAL AND SURGICAL REPORTER, the volumes bound in superior style up to 1865. Address him as above. 787-1t*

"Colleague," Rochester, N. Y., will please send his name and address to Dr. Willard, 123 South 16th st., Philadelphia.

MARRIED.

BARNES—LEINBERGER.—March 5th, at the residence of the bride's parents, by Rev. Mr. Newell, Dr. B. H. Barnes and Chrissie A., daughter of Charles Leinberger, Esq., all of Mercer county, Pa.

BROWN—BARTON.—In Croydon, Vermont, by Rev. C. E. Hall, Dr Henry W. Brown and Miss Carrie N., daughter of Moses Barton, Esq.

CARPENTER—BROWN.—In Crown Point Center, N. Y., February 7th, by the Right Reverend W. H. A. Bissell, D. D., Walter Carpenter, M. D., Professor in the Medical Department of the University of Vermont, and Miss Adaline T., daughter of George Brown, Esq., of Crown Point.

FULLER—KEYES.—In Brooklyn, N. Y., February 7th, at the residence of Edward Cortlandt, by Rev. Edward C. Fuller, S. Edward Fuller, M. D., of Brooklyn, and Miss Jeannie M. only daughter of Alvah Keyes, Esq., of Hartland, Vt.

KILBOURNE—KILBOURNE.—In Keokuk, Iowa, January 17th, at Saint John's Episcopal Church, Dr. Edwin A. Kilbourne, of Elgin, Ill., and Miss Lou Kilbourne, daughter of Hon. Edward Kilbourne, of Ky.

DIED.

BONTECOU—January 15, at Troy, New York, Anna Louise, eldest daughter of Dr. R. B. and Susan Bontecou aged 29 years.

BROWER—At Lawrenceburg, Indiana, March 8th, 1872, after many years of suffering, Samuel Sawyer Brower, aged 27 years, youngest son of the late Dr. J. H. Brower.

COLE—On the 15th inst., at Burlington, N. J., Elizabeth G., daughter of the late Dr. N. W. and Rebecca Cole.

ECKARD—February 29th, in Mayesville, S. C., Mrs. Dr. J. R. Eckard, of Easton, Pa.

HEWIT—In New York, March 15th, Henry Stuart, youngest child of Dr. H. S. and Catharine S. Hewit.

KNOX—At McKeesport, Pa., Jan. 24th, Mrs. Elizabeth, the beloved wife of Wm. Knox, M. D., and daughter of Thomas Kiddoo, in the 39th year of her age.

KNAPP—On Thursday, March 14th, Adolfine, wife of Dr. Herman Knapp

DR KNAPP's many friends will sympathize with him in this deep affliction. We understand that Mrs. KNAPP lost her life by being thrown from her carriage while riding with her husband, the horses taking fright at a passing train of cars, and the driver timidly forsaking his post.

OSGOOD—In New York, on the 10 inst., of disease of the heart, Walter B. Osgood, son of Dr. J. W. D. Orgood, of Greenfield Mass.

SEILER—February 11, of heart disease, Christian Seiler, M. D., of Harrisburg, Pa., in the sixty-eighth year of his age.

STORER—At Worcester, Mass., Feb. 27, Emily E., wife of Dr. Horatio R. Storer, of Boston, aged 38 years and 3 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 787.] PHILADELPHIA, MARCH 30, 1872. [Vol. XXVI.—No. 13

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OBSERVATIONS ON ULCERATION OF THE OS AND CERVIX UTERI, ETC.

By R. L. Payne, M. D.,
Of Lexington, North Carolina.

During a practice of eighteen years I have treated a goodly number of female patients, and I am fully persuaded that a very large proportion of the diseases to which they are liable originate in disease or malposition of the uterus; and I am as fully convinced of the fact that these uterine maladies are much more common than even the majority of the medical profession are aware, or are willing to admit. I wish to speak of two cases only (which will illustrate a large number treated), of ulceration of the os and cervix uteri, not that I hope to advance any new ideas in practice, but that I may add my mite to the testimony of older and abler men who have gone before, and, perchance, awake the attention of physicians more fully to a disease so common and so dangerous to the health, happiness and lives of the gentler sex.

Charles D. Meigs, the ripe scholar, the accomplished gentleman and the true friend, whose memory will ever be held *sacred* and *dear* by thousands of his pupils all over the world, taught well and thoroughly the use of the nitrate of silver and kindred remedies so far as then known, but it remained for Dr. Thomas and other able gynæcologists of this age to give us complete and perfect treatises upon these diseases.

Last June a lady was sent to me by a brother physician to be treated for prolapsus uteri. She had been in bad health since her last confinement, which was two years before this. Previous to this confinement she enjoyed robust and vigorous health; but now she was emaciated, pale, hydræmical; had a sorrowful, careworn, broken-down appearance; complained of indigestion, pain in the head, pain low down in the back, and running down the thighs; said that she had a constant sense of fullness, uneasiness and bearing down within the pelvis, and suffered constantly with profuse leucorrhea. When she had her catamenial periods the time occupied was longer and the flow more copious than natural. Upon examination by the touch I found the womb prolapsed, the cervix thickened and the os tincæ so large that I could introduce the finger to the first joint. The sensation imparted to the finger was soft and spongy, unlike the firm, resisting feeling of health. The speculum revealed a smooth ulceration of both lips of the womb, extending up into the cervix. The color of the ulcerated surface was intensely red and presented a thickened, plushy or velvety appearance, and the whole was surrounded by a healthy margin of rose-colored mucous membrane.

After thoroughly cleansing the parts with mops of soft cotton, a solution of nitrate of silver, thirty grains to the ounce of water, was applied with a camel's hair pencil, and afterwards a large pledget of cotton saturated with glycerine was placed directly against the ulcerated surface and left there for ten or twelve hours. Injections of sulphate of zinc (one drachm to the quart of water) were used in full stream with a Davidson's syringe, for fifteen minutes at a time, twice daily. A pill composed of

℞. Iron by hydrogen, gr. ij.
Quinia sulp., gr. j.
Extract gentian, . gr. ij. M.

was given after each meal, and a little brandy

or whisky toddy before meals. A generous diet, and plenty of fresh air made up the treatment.

Another lady from the same locality came under treatment about the same time. Her case was similar except the symptoms were all more aggravated, more especially the dyspepsia and leucorrhea, the latter being often bloody, purulent and acrid in its character. The speculum revealed an ulcer of the anterior lip, a regular granular degeneration with a rough uneven surface, which bled freely in different spots when touched with the cotton mop; the posterior lip was not ulcerated, but enlarged and congested, and presented a sleek, shining, swollen appearance, with a heightened color.

The treatment was not materially changed in this case. A stronger solution of the nitrate of silver was used, and instead of the simple toddy, the following bitters were recommended:

℞. Pulv. columbo, ℥ss.
" gentian, ℥ss.
" senna, ℥ij.
" ginger, ℥j.
Bicarb. potash, ʒij.
Brandy,
Water, aa O. M.

Sig.—One tablespoonful one-half hour before each meal.

The pills, injection, diet, etc., the same as in the first case. In both cases the nitrate of silver was applied every two or three weeks.

These ladies improved in general health, *pari passu* with the improvement in the ulcerations, and are both now in the enjoyment of excellent health, with a suitable degree of *embonpoint*, redness of cheeks, brilliancy of eyes, gracefulness of action, buoyancy of step, in truth, with all the outward signs of a vigorous and normal condition. In these cases the pain in the head and the dyspeptic symptoms illustrate most beautifully Dr. MARSHALL HALL'S theory of reflex nervous action, and demonstrate most conclusively the fact that when the womb suffers the whole woman sympathizes.

The sponge tent I have not found necessary in many cases, the os and cervix being generally sufficiently open to admit of applications being made, as recommended by Dr. THOMAS, and when the ulceration is confined to the os externum and cervix, I can see no necessity for running the risks of dilatation.

As before remarked, I regard this disease much more common than is generally supposed, and I am satisfied that many a poor woman, after dragging out a short and miserable life, goes down to a premature grave—a victim sacrificed upon the altar of her own or her physician's *false modesty*. I know the use of the speculum is still condemned by many and objected to by others as unnecessary, and although I am free to admit that its use may be sometimes abused, still I regard it a perfect God send to woman, and I do not believe that the manifold ills to which she is heir, can be treated intelligently or successfully without it and I further believe that the physician who permits his patients to suffer, linger and die without its use, with all the lights of the nineteenth century before him, is a recreant to his trusts as a physician, and will be held responsible for his ignorance or false modesty at the last great day.

"*Propter solum uterum mulier est, id quod est*," an old maxim taught and believed by our medical forefathers, has much of truth in it, and although I cannot fully indorse the opinion, yet I do believe that woman is what she is by reason of her reproductive nature, and I do not think that we can go far astray when investigating the symptoms in a female patient if we first look to the uterus and its appendages for the origin of a large percentage of all her ills.

* * * * * * * *

The foregoing remarks were written sometime before the letter of my neighbor, Dr. HENRY T. BAHNSON came out, and were intended for the N. C. Medical Society, but since I concur so fully in the views expressed by the doctor, and since my own here expressed are somewhat similar, I have concluded to send the MS. to you. I have long *enjoyed* the reputation, among some of my brother chips, of being too much of a "*finger smith;*" nevertheless I can conscientiously assert that I have never subjected any woman to an examination with the speculum or otherwise, except to ascertain the nature and extent of her diseases, and I can only mourn over the carelessness, or absolute ignorance, of those physicians who permit their patients to die without a thorough investigation of their cases. A woman can no more help having uterine disease than she can prevent her tooth from aching, and it is the true calling and *duty* of the physician to investigate thoroughly all diseases, and all causes of disease,

before he can treat the various "ills which flesh is heir to" intelligently or properly. Then the conduct and remarks of some of our brethren in regard to these matters are simply contemptible! They are behind the times, and I feel *sorry* for them, and *especially sorry* for their patients. One of the poets tells us that "Where ignorance is bliss 'tis folly to be wise," but we regard blissful ignorance of these subjects in this age as *truly criminal*. Some fourteen years ago I had a case of polypus so similar to the one spoken of by Dr. BAHNSON that I will give it. A Mrs. S. had been troubled with hemorrhage for four years, and had been under the treatment of four physicians, two of them graduates. The poor woman was reduced to the most extreme emaciation and anemia, and had every symptom which characterizes polypus of the womb, yet not one of these men of *extreme modesty* had ever examined her per vaginam.

I applied a ligature around the pedicle of the tumor by means of Gooch's double canula, and in three days after removed a polypus as large as an orange, since which she has enjoyed most excellent health. Will any one pretend to say that this helpless sufferer was not most shamefully neglected, who, if she had not been operated upon, would in a short time have been added to the long list of those who have fallen victims to false modesty or ignorance? I regard true modesty as the brightest gem which sparkles in a woman's crown of glory, and I *respect* it; notwithstanding, if I think it necessary to examine her for her own benefit, and she will not submit, I immediately abandon the case, and I have a supreme contempt for all the "*pish and tomfoolery*," which prevents the honest physician from discharging a known duty.

MEDICAL BREVITIES.

By E. S. DRAKE, M. D.,

Of Whitesboro', Texas.

Percussion over the sacrum will reveal the condition of the rectum, whether empty or not.

Vomiting can often be quickly relieved by the following

℞. Morph. sulphatis, gr. ¼.
Aquæ, ʒij. M.
Sig.—A teaspoonful every ten minutes, if necessary; allow no drinks with the doses, nor for some time after.

TO PROCURE A DAILY STOOL.

At a regular hour every day, all things being in readiness, tap gently and repeatedly on the anus with a bit of wood or any substance hard enough to produce irritation, and the sphincter will almost certainly relax after a while. The same plan will answer after an injection; or better still, the pipe of the syringe can be reinserted after a time; or *still* better, a tube of larger size that will let solid parts pass. It has been our observation in some cases that there is spasmodic stricture of the sphincter ani, caused by the irritating character of the intestinal contents, especially when they are liquid, as they are more apt to regurgitate than when semi-solid, into the colon, and be retained there; the plan is obvious, to let them out when they come down. An instrument devised like a glove-stretcher would answer, with a sliding ring on it to keep the aperture free. It appears to us that a self-retaining instrument of this kind would facilitate the discharges in dysentery and diarrhea, perhaps without so much pain and tenesmus as are usual in these cases. This latter application we have never tried and only offer it as a suggestion.

A TAMPON.

An ordinary cupping-glass, half filled with cotton or lint, soaked in some styptic, and pressed against the os uteri, in cases of hemorrhage, makes a good tampon, simple and quickly applied, the rim of the glass acting as a mechanical impediment to the flow of blood, while the styptic is more effective by being thus inclosed and the vaginal tissue is saved from injury. An instrument made for the purpose would be preferable, especially in cases of placenta previa, by having a curved handle, which would project externally, so that the operator could keep up the necessary pressure in the intervals of pain. The cup could be made of India rubber, or some such material, so that it would be better adapted to the inequalities of surface presenting. The operator could thus, in our opinion, save blood to the woman and lessen the amount of hemorrhage, if he couldn't check it altogether; he would render the instrument more effective if he would hook two fingers between the perineal commissure and make the vagina more tense. He could keep up the pressure until the woman was out of danger. I offer these sugges-

tions to the profession with the hope that they will be given a trial.

VACCINATION.

By W. J. Purcell, M. D.,
Of New York City.

Owing to the prevalence and persistence of that loathesome disease, small-pox, in our midst, the question of the efficacy of vaccination as a preventive has, as a matter of course, assumed considerable dimensions. Notwithstanding the practice of vaccination is at the present day almost universal in all civilized countries, and the experience of many years, much doubt exists as to its being all that its founder claimed for it. That such a doubt should exist in the minds of many persons admits of little surprise in this age of skepticism, and also in view of the fact that human nature is ever prone to doubt even in some cases the evidence of its own senses; but that some medical men, and many of them, too, who have enjoyed ample means of satisfying themselves on this point, should be non-believers in, and even opponents of, vaccination, occasions a good deal of astonishment. It surely does not follow because an isolated case of varioloid, or even variola, attacks a person who has been previously vaccinated, that vaccination is useless and unnecessary. Observation has showed, during the present epidemic, cases of confluent small-pox occurring the second and even the third time in the same individual, and yet how firmly rooted is the belief in the minds of people that an attack of small-pox is a sure prevention against any subsequent attack; and so it generally is, but being a well proven rule, must of course have exceptions, and so the same holds good in regard to vaccination.

The testimony of many eminent practitioners, who have devoted years of close study and observation to the subject, both in this country and Europe, has satisfactorily proved beyond a doubt, and the statistics clearly corroborate, that since the introduction of vaccination small-pox has lost the greatest part of its terrors. If it has not been completely eradicated (a consummation most devoutly to be wished) from among the list of epidemic diseases, it has certainly been modified to a considerable extent, and brought more under control.

In the year 1871 the Board of Health of New York, in the absence of compulsory law, adopted the method of offering free vaccination to the inhabitants. Medical Assistant Health Inspectors were appointed, who visited from house to house and vaccinated every person who consented to submit to the operation. This, although an eminently successful experiment, did not reach everybody, so the schools, public and private, were visited, and the factories, workshops, newspaper and printing offices, and even lunatic asylums, received their share of attention, and thus thousands of persons gladly received the benefits of vaccination who otherwise would never dream of resorting to it of their own volition. During that year over 100,000 persons were vaccinated by this means, and as regards the value of vaccination as a means of protection, the almost unanimous opinion of the best informed members of the medical profession is, that, when carefully and successfully performed it is a positive protection to the individual; and the experience during the past year offers one of the strongest proofs of this truth, namely: in the fact that among all of those successfully vaccinated or re-vaccinated, none have fallen victims to small-pox in any form, while numbers have been stricken with this disease who refused to be vaccinated. This fact is of constant occurrence and comes under observation daily. Much of the successful protection afforded may be attributed to the fact that none but fresh virus, while in an active condition, was used. The practice being to use the virus selected from healthy infants only, within twenty-four hours from taking it from the arm, a mode of proceeding which, as the result proved in affording absolute protection to so large a number, is a most convincing argument in favor of its efficacy as a preventive when *properly performed.*

Experience has sufficiently demonstrated the fact that lymph obtained from the human subject is fully as efficacious as that derived from the cow. From the difficulty of obtaining a sufficient quantity and a regular daily supply of fresh bovine lymph, vaccinators are compelled to use human lymph over and over again, with a successful result fully equal to that gained by using lymph direct from the cow.

The importance of having pure lymph cannot be overestimated. Much of the objections urged against vaccination arises from the uncertainty in the minds of the people as to the

source whence the matter is derived. One of the most common objections that met the vaccinators was "Doctor, I should wish very much to have my children vaccinated, but I am afraid the virus is not pure." And no matter how eloquently the doctor may argue and explain, it will be of very little use. This and several other objections would soon disappear if there were a proper institution provided by the State, and under the charge of the Health Department, for the cultivation of pure bovine or animal vaccine; and connected therewith, practical instruction should be given as to the best methods for its application, for, notwithstanding that the operation is comparatively simple, it should form a part of the regular instruction of every medical student; for there are found to be as many different methods of application as there are medical men in the profession.

A CASE OF SPINA BIFIDA.

By Dr. F. H. Roofe, M. D.,

Of Clifton Springs, N. Y.

The following case is reported, hoping that the age to which the patient has attained will prove of sufficient interest to justify its publication. Although instances are mentioned where the individual has survived from ten to thirty years, these, as is well known, are exceptional cases, the great majority dying in infancy or early childhood:

R. W. S., æt. 35; native of Wisconsin; occupation, teacher; applied to the sanitarium here located for treatment of paraplegia Upon examination found him the victim of spina bifida. The tumor, which is congenital, is situated on the sacrum, and extends four and three-fourth inches from the superior margin of the coccyx upward. Circumference at base, eleven inches; center, ten inches; diameter at base, four inches; apex, one inch. Left to itself its size varies but little; contains fluid and is nearly transparent, the superficial veins being prominent, firm pressure applied to it occasions severe temporal and frontal headache; if increased, becoming also occipital. On one or two occasions he was rendered insensible from a blow directed upon it, in the most marked instance by the manipulations of a "pummeling doctor" out West, whose introductory move was to knock him senseless through the transmitted jar upon the tumor.

Recovering, and failing to appreciate his somewhat vigorous style of treatment, he put an end to further experiment by departing at once. Light, steady pressure upon it will relieve the congestive headaches to which he is subject; steady pressure and manipulations will reduce it in about ten minutes, returning soon if exercise is attempted, but if pressure is continued it remains reduced without pain, for a while.

As an infant, imperfect mobility of the lower extremities existed, but soon ceased to be observable, and for the first thirteen years he was apparently in perfect health, with the peculiarity that he could never maintain the upright posture without the support of the hand, or something answering the same purpose, as a belt tightly drawn upon the tumor. Briefly to trace the invasion of the paralysis: at the age of fourteen there was loss of motion of the first and second toes of the left foot, afterward stiffness appeared in ankle; wasting of the muscles of entire limb followed, and later, weakness at the knee; the limb if thrown over opposite one, became numb and useless until roused; during this time he was working hard at his studies, and neglecting his lameness.

At or about the age of twenty-two he began to use a crutch or cane, which he has since continued to do. Four years later he became totally paralyzed in left limb, at which time the same course was gone through with on the right side. Heat or cold are not felt on either side. Incontinence of urine has for some time existed, but no trouble is yet with the rectum; only sufficient use of the right leg remains to admit of locomotion with the crutch and cane, and it is evidently soon to be useless. In appearance the patient is spare and pale, probably owing (in part at least) to the drainage upon the system of a large abscess near the tuberosity of the ischium of over a year's standing, which has burrowed extensively among the gluteal muscles, and discharges freely. Notwithstanding this the general health is fair, appetite and digestion good, and bowels regular. The upper extremities are strong and sound. The treatment made use of, aside from that directed to the abscess, has been to build up the general health, which has improved perceptibly during the few weeks he has been with us.

Medical Societies.

ABSTRACT OF TRANSACTIONS OF THE MEDICO-CHIRURGICAL SOCIETY OF PHILADELPHIA.

(*Continued from page* 258)

Kusso in Tenia.

July 7. Dr. Collins reported his experience of the effect of kusso, in the treatment of tenia lata. The patient, a man, 40 years old. He first prescribed, on retiring at night, a full dose of ol. ricini. The following morning he directed an ounce of kusso to be made into an infusion of a half pint and taken at once. At 3 P. M., the same day, he passed 14 feet, with the entire neck. The doctor was so pleased with the effects of the remedy that he would recommend it to the use of all practitioners.

Dr. Collins reported a *post-mortem* case of

Gunshot Wound of the Brain.

The ball passed through the os frontis above the left orbit, through the left lobe of the brain, and escaped, injuring the ventricles. The ball was found within ¼ of an inch from the occipital bone. The right arm only was paralyzed, speech, memory and all the special senses were perfect until two days before death. The examination showed the track of the ball, and there was an attempt to throw out lymph to fill up the torn tissue. There was very little discharge from the wound. The membranes of the brain were conjested on the left side; but on the other side they were perfectly normal. The actual cause of death was exhaustion. (Sixteen days after wound.)

Aug. 7. Dr. Collins delivered a communication on the use of the

Sulpho-carbolates,

in the treatment of relapsing fever, in which he claimed great efficacy for this salt as a disinfectant and antiseptic. He stated it was particularly indicated when the skin was jaundiced and there was great nausea and vomiting; he assisted it in its action by the use of salines. He also claimed great efficacy for it in the treatment of scarlet fever, phthisis, and as an application to surgical wounds, and highly recommends the sulpho-carbolate of zinc as an injection in gonorrhea, in the strength of 10 grains of the salt to the ounce of water; internally he gave 5 grains in cinnamon water, as it best masks its pungent taste. In answer to a question from Dr. Ozias, he stated that the sulpho-carbolate salt was not a theoretical salt.

Dr. Keyser exhibited a pathological specimen of

Bony Deposit in the Eye-ball,

from a patient he operated on a few days previously, and read a history of the case, giving the probable cause, position of the bony formation, and the condition of the contents of the ball, as evidenced on dissection after the enucleation of the organ.

Dr. Collins reported a case of amputation made by Dr. Reed, of the lower third of the leg, in which the os calcis and the greater part of the soft parts of the heel were torn off by some cog-gearing, leaving an injury that would not heal.

Dr. Taylor reported a case of tetanic spasms occurring as a complication of cholera infantum; opisthotonos occurred; the pupils were normal. There was no strabismus, no tossing of the head, and no discoverable injury anywhere; the tongue was slightly furred; five and six spasms would occur in one-half hour.

Cholera Infantum.

Dr. Collins remarked that a great many cases of cholera infantum were traceable to taint in the system, and hence he has been accustomed to class them under at least three divisions, viz.: Irritative diarrhea, produced by some irritating substance along the track of the bowel, either food, bile or some other secretion or excretion.

Scorbutic diarrhea, when a scorbutic tendency exists and the child exhibits all the symptoms of a truly scrobutic adult. Scrofulous diarrhea, when all the symptoms of scrofula are fully developed.

But true cholera infantum begins suddenly with terrible diarrhea, and the nervous symptoms set in at once, and in some cases in a few hours the child is reduced to a skeleton. In fact, these cases present all the symptoms of Asiatic cholera, and death is the universal rule, while in the three classes of cases above mentioned, if the taint is recognized, a cure may be effected.

Dr. Taylor remarked the possible cerebral origin of the disorder, and that the diarrhea was perhaps only sympathetic; but the general impression was that it was not primarily cerebral.

Dr. Gruel reported a case of

Typhlitis.

A woman; married; æt. 35. She was using pine baths and took cold after them. She was seized with all the symptoms of inflammation of cœcum and appendix vermiformis. For two years she suffered from constipation, and great difficulty was experienced in the case of purgatives. Felt a tumor in the region of the ileo-cœcal valve about four inches long and two wide, which on pressure was very painful. The perspiration was fetid and the skin sticky. Pain was constant; pulse, 86.

He ordered magnesmusta and rhe, and an ointment of belladonna locally. The next evening he gave full doses of calomel and jalap. The bowels not being moved he gave the following day a bottle of citrate of magnesia. Thinking that stronger purgatives would do more harm than good he desisted and continued the use of the ointment and poultices locally. The swelling and tympanitis increased. The pain increasing he directed chloral, which produced sleep during the night. The following morning brought relief by four

movements of the bowels in one hour, and they moved quite frequently throughout the entire day. The pulse now was 92 and convalescence certain.

Dental Irritation.

September. Dr. KEYSER read a paper on the "Impairment of Vision from Dental Irritation," which he illustrated by a condensed record of all the cases reported in the experience of European writers, as well as their opinions in each particular case, and reported several cases which came directly under his own care. He also referred to cases of deafness, which were probably due to the same primary cause. (The paper in full was published in the *Dental Times*, by request of Dr. G. T. Barker.)

Dr. Leidy reported that many cases of amblyopia and amaurosis occurred in the West Philadelphia Hospital, during 1859 and 1 60, which defied all manner of treatment and superceded the skill of the physicians in charge, who were then unaware of this undoubted close connection of the dental and ophthalmic nerves.

October.—Dr. Paxson read a paper on

Cancer of the Mammary Gland

of a very peculiar nature. Lady; æt 49 years; married. Noticed four years ago, left breast enlarged quite suddenly and gradually grew larger for a year. She had no pain or inflammation during its enlargement. After the first year had elapsed she experienced lancinating pain at the nipple, which was relieved for some time by application of a domestic liniment. After which intense itching of the gland set in, continuing for about eighteen months, when the nipple became depressed and shrunken and the whole breast shriveled, papular eruptions appearing thereon, without forming pustules, only forming crusts which dried and fell off. Soon after the right breast became suddenly enlarged in the same manner as the left one, shortly after which she was siezed with severe paroxysmal pain over the spleen, and a sick feeling all over, with vomiting after eating, and is unable to lie down when suffering with the pain. Bowels constipated; ceased menstruating at forty-five years of age. What appeared singular the breast did not enlarge from a certain point but all at once. Professor Agnew being called in consultation, who thoroughly examined the case, pronounced it a form of cancer seldom seen in this country.

Dr. Morris reported a case of imperforate vagina, operated upon by him with a peculiar form of instrument as designed by himself. The paper with the design will be published complete.

Placenta Prævia.

Dr. Morris reported a case which, from the severe hemorrhage, he was obliged to deliver immediately of a dead fetus, having literally bled to death. The uterus remaining flabby and hemorrhage continuing, internal and external manipulations were made, which caused contraction, and a tampon of cotton wet with cold water applied, which completely checked the flow. In reply to a question from the president as to the propriety of the use of the tampon in a flabby uterus, as it might tend to produce internal hemorrhage, he responded that he would not use it unless the uterus contracted upon the tampon. He used it for about half an hour and then removed it and applied another to keep up a constant impression of cold.

Dr. Eshleman reported a case of exostosis of nearly all the long bones. It was in a child eight years old, and the elevations ranged from the size of a pea to that of an egg. One occurred on the wrist joint which distorted the hand.

Dr. Taylor reported a case in which three-fourths of an inch of the forefinger was cut completely off, which he replaced by sutures; and it healed perfectly; the nail, however, was unhealthy and deformed.

November. Dr. Leidy read a paper on trismus neonatorum, which being of considerable interest will be published in full hereafter.

December 27. Dr. Collins reported a case of recovery from

Varioloid in a Pregnant Woman

æt. 17 years; 7 months pregnant. She was seized with varioloid of medium gravity; she had symptoms of commencing parturition, which were completely allayed by morphia internally. She passed through the attack of varioloid, and two weeks after she was well she gave birth to a small but well-formed child, which was premature, being but eight months old. The infant was vaccinated at once, but it failed.

Dr. Keyser reported an interesting case of

Chemosis of the Lids,

with dilatation of the pupil and paralysis of accommodation, consequent upon the introduction of the pus of a small-pox pustule conveyed to the eye. It set up a tremendous chemosis, so much so as to close the lids entirely; it was relieved by zinci. sulph. gr.j., aquæ f.℥j., and the application of a compress of lint and a bandage. After a few days, the swelling being relieved, there was observed a widely dilated pupil and a paralysis of the accommodation. No atropine had been used; the calabar extract was used for some time, but to no purpose; but the hypodermic use of 1-48 of a grain of strychnia every three days restored the normal condition of the eye.

Dr. Eshleman reported some very interesting facts in relation to the

Hypodermic Use of Vaccine Virus.

He dissolved the virus in glycerine and water, making the solution very thin. He then injected it into the cellular tissue and used friction to cause its ready absorption. He thought that the cases in which he had used it had certainly been cut short, no more eruption ap-

pearing after its introduction, and the other symptoms abating accordingly. But he stated that he had used it only on persons who were vaccinated when young.

The doctor thought also that as he has seen in many cases a more mature pustule on the forehead, that it might be the point of inoculation, caused, perhaps, by wiping on a towel which has been washed and hung in the yard to dry, and some of the sporules floating in the air had lodged therein and were thus introduced.

Dr. Millick reported a

Case of Abortion

in which the membranes and the skin of the fetus were developed together, there being no cord observable. The mother, æt. 17; unmarried; when three months pregnant, took colocynth to produce abortion, but only occasioned excessive vomiting and purging, which the doctor allayed by morphia When five months pregnant she aborted, the fetus coming away entire. The placenta was developed on the abdomen of the fetus. The upper and lower extremities were developed in it. The membranes were attached or continous with the skin as far forward on the right side as the temporal region and malar process. On the left side they were attached as far forward as the symphysis of the chin. No cord was apparent. No liquor amnii passed off. There was no rupture in the membranes. She stated that although five months pregnant, she had never felt a movement; the vitality of the fetus was remarkable. It moved its shoulders and hips quite actively when born, and the movements did not cease for one-half hour after birth.

Dr. Eshleman reported a case of

Retained Twin.

Mrs. A., married; 31 years of age. When pregnant six months and two weeks parturition came on and she gave birth to a child of a development coincident with the time of fetation, while it was evident there was still another in the cavity of the uterus. The infant lived a few weeks, when it died. But the retained child was carried to its full term, was born and lived.

The doctor also stated he had seen a twin birth of a large and a small child at one time and at full term.

JOHN W. MILLICK, M. D.,
Recording Sec.

PROCEEDINGS OF THE CLARKE CO. (ALABAMA) MEDICAL SOCIETY.

The regular meeting of the society was held at Grove Hill, on Monday, February 26th. The President, Dr. FORWOOD, occupied the chair.

The minutes of the preceding meeting were read, corrected and adopted.

This being the meeting for the election of officers, the president now delivered the valedictory address, which, on motion of Dr. Boroughs, was received with thanks of the society, and a copy requested for publication:

"*Fellow Members of the Clarke County Medical Society:*

"GENTLEMEN: In the discharge of my duty, as prescribed by the laws of our society, I am now called upon to deliver you the valedictory of the retiring presiding officer

This is the first anniversary of the first medical society, so far, I am informed, that was ever organized in this long-settled county; and you have done me the honor of electing me as your first president—an honor most flattering; and for which—regarding it as a testimony of your respect, I cannot say my merit—you have my cordial thanks.

In the capacity of practitioner of medicine in this county, I have but recently united my labors with yours, though I am not altogether unknown to many of you, as a former resident, twenty-four years ago; and you are all perhaps aware that my father has resided in the county for more than forty years. So, notwithstanding my long absence from your midst—laboring in other fields—I have a feeling of *home* among you, and a keen appreciation of the high compliment that you have been pleased to confer upon me—the warmest welcome that a professional man could receive from his co-laborers.

The benefits of medical societies to the profession are two-fold: the interchange of opinions based upon personal experience regarding the treatment of disease, and the healthful social intercourse between members of the profession from distant localities, who, perhaps, would rarely, if ever, meet except upon these occasions. On a more limited scale, the meetings of medical societies subserve the same purpose, and in a more exact and positive form, that medical journals do to the profession at large—the dissemination of experiences in the treatment of disease; the advantage resulting from personal intercourse being that the relator can explain many details suggested to the hearers that, though important, might not occur to him in the preparation of a communication for the press.

An absurd idea, amounting to a prejudice, exists in the minds of a large proportion of the community in all localities, even among the educated classes, that medical societies are formed solely for the purpose of advancing the price of our charges for professional services. It is not only proper, but medical practitioners should regard it as a duty incumbent upon them, to establish in their communities some general rule in relation to professional fees, approaching uniformity as nearly as the varying circumstances will permit This protection extends to the interests of the public fully as importantly as to the profession itself, for it becomes their guide to guard them, in law, against exorbitant and unjust charges. "The laborer is worthy of his hire." Our profession, more then any other, is compelled

(in conscience at least) to perform a large amount of labor gratuitously; and in the interests of human nature, from twenty years' experience, I feel sorry to add that we do not correspondingly receive credit or gratitude.

The ostentatious charity of the millionaire, when he sends his check for one hundred, or five hundred dollars, for some public charity, is heralded by the newspaper press; the quiet but toilsome labors of the medical man, who annually contributes more than an equal amount from his mental and physical labor, as well as from his slender purse, are never recognized as acts of charity; on the contrary, indeed, he is too frequently villified for his "high charges."

The conscientious performance of our duty, like virtue, is truly its own reward. And with this reward we, who belong to a profession, the most expensive in its acquirement, the most arduous in its practice, and the most precarious as a means of livelihood, must be satisfied.

The terrible anxieties that we suffer at the bed-side when death is struggling with life, can not be estimated by dollars and cents. Who of us has not known the stricken mother, when all too late, call upon and implore us in heart-rending words, as only a mother can, to save her only child! And who of us *then* would not willingly and freely give all of our worldly possessions to restore that child to its mother's embrace, when

> "The King of kings
> Alone can stay life's parting wings."

Many such painful incidents have occurred in my own experience, and it is presumed in the experience of you all.

The subject of professional fees has not been brought before our society; though, as before remarked, it is entirely proper that it should be. Non-professional persons generally have very vague ideas of the rules by which we estimate the value of our services. I have heard many remark, when seeing their medical accounts: "Why, doctor, I only had a small vial of medicine," or "I only had a few pills, and you charge me two dollars." When asked if their disease was relieved or cured by the medicine they obtained. they answer "Yes;" but will add "that doctor so-and-so, only charged one dollar."

I sometimes repeat a remark that I have heard my venerable preceptor, the late Dr. Robert H. Archer, of Maryland (the son of the first graduate in medicine in the New World), make: On one occasion a patient, while settling his medical account with him, observed that he thought he charged rather high for the little medicine he had given him in a few pills. The doctor replied: "No, sir! I charge nothing for the medicine; I only charge for the *brains* that I put in the pills!"

It is very evident at the present day that a large quantity of nauseous medicines is, by many persons, more highly appreciated than the "brains" that advise very little, if any medicine in many cases, and hence, to maintain our reputation, we are often compelled to resort to *placebos*.

The medical practitioner should study how he can restore his patient to health with the least possible quantity of medicine, and that administered in the most agreeable form; but it is well known to us all that, instead of our patients—a majority of them at least—appreciating our skill in this respect, complain that we charge so much for so little medicine.

It is too apparent to be disguised that, even among many educated people, the value of our services is only estimated in proportion to the quantity of medicine with which we supply them, and not by the intelligence that directs it. This is the most discouraging, the most disheartening, and, we may add, the most disqualifying blow that the medical practitioner can experience. He daily witnesses the fact that persons of more than ordinary intelligence not only submit themselves to the treatment of unscrupulous charlatans, but even patronize the most ignorant pretenders, who are often alike ignorant of medical knowledge and of their mother-tongue. We then ask ourselves: "why spend our hard-earned and grudging-paid money for books, which keep us informed of the details of the rapid progress of medical science, and why waste our time in study when it is apparent in many instances that the services of the pretender are much more valued and better paid than ours?" This want of appreciation accounts, in too many instances, for a degeneracy in the status of the profession in some localities.

From an extended personal experience these remarks upon "man's *ingratitude* to man," to vary Burns' expression of the same idea, "have forced their way without the will." I am no croaker, no groaner. In political parlance, I "accept the situation." Regarding myself, in common with you all, as identified with the medical profession, I am well aware of the incompetence we feel for the undertaking of any other employment as a means of subsistence. The labor of love, as is often the case in the dispensation of the gospel, is ours. We must work; it is our *duty* to work, notwithstanding the discouragements that we constantly encounter. Medical science is rapidly progressing, and we should feel an ever-present consciousness of the responsibility devolving upon each of us to keep pace with the great work—the battle with the fell-destroyer. Let me exhort you to work; if you do not receive. you reward her, that reward may be hoped for hereafter.

The success in the modern treatment of disease, as shown by statistics, exhibits a greater longevity of human life within the past fifty years than any reliable records show during previous periods corresponding with the calendar now in use.

It is unnecessary to itemize, in these brief

remarks, the great progress made in our profession within the last half century.

The treasurer's report, showing that he had discharged the bill for printing, all the indebtedness of the society, was read and approved."

Dr. Hicks related a case of peculiar interest, that had recently occurred in his practice, of the nature of an injury to the eye. One lad, without harmful intention, in cracking a large whip at another accidentally struck him with the end of the lash in the eye, occasioning great pain and swelling. Dr. Hicks was sent for, but owing to the swelling of the lid that had taken place before his arrival, he was unable to discover the exact nature of the injury. He ordered the usual cooling collyria; and it was not until the end of two weeks, when the primary inflammation had to a great extent subsided that he discovered a dark object occupying that internal canthus, which upon close inspection proved to be a foreign body. He carefully seized it with a small pair of forceps, and extracted to his surprise a piece of leather—a portion of the whip—fully an inch and a half in length, and about the eighth of an inch in diameter, which had been forced between the eye ball and the orbital plates. The doctor exhibited the piece of leather that he extracted to the inspection of the society, and stated that the patient rapidly recovered without injury to the sight, and was now nearly well.

D. Bettis remarked that it was surprizing how much injury the eye frequently sustains without impairment of sight, and related a case illustrative of the fact.

Dr. Forwood related similar instances that had come under his notice: One case, in which many grains of blasting-powder and sand had been forced some distance in the eyeball, and had been extracted, at various sittings, without any resulting injury to the sight; another case of a boy who applied for treatment about three months ago, who had been accidently shot in the eye by another boy with a toy gun, or pistol. The shot was of the ordinary size used for shooting squirrels, and its outline was clearly perceptible. It was imbedded beneath the sclerotic coat of the eye, immediately above the cornea. The hour of the presentation of the patient being quite late in the afternoon, nearly sun-set, about one hour after the accident, it was impossible to discover the point of entrance; and believing that the parts would become so sensitive and swollen before the next day as to preclude operative proceedings, the doctor boldly siezed the shot together with the membrane with a pair of forceps, and, with a scalpel, circularly cut the covering membrane, and removed it and the shot together. A bandage was then applied to the eye to exclude the light, and it was constantly kept moistened with a weak solution of acetate of lead for several days. At the end of a week the patient was enabled to dispense with the bandage, and recovered without an untoward symptom.

Dr. Forwood referred to another case that had come under his treatment within the last month, in which a negro boy had had his face and eyes badly burned by gunpowder. The boy had clandestinely taken seven or eight gun charges of powder from his father's flask, placed it in a small cotton bag, and gone some distance from the house with it, with the view of amusing himself by its explosion, taking with him a live fire-coal for the purpose. When about to use it he discovered that the fire-coal had nearly burned out, and in his anxiety to preserve the fire, he forgot the danger and got down to blow the coal, which was in contact with the bag of powder; and while his face was thus near it, exploded. The doctor did not see the patient until nearly twenty-four hours after the accident. The entire face and neck to the shirt collar was blistered and greatly swollen; the eye-lids were enormously distended, so much so that it was impossible to obtain a view of the eye, and the cuticle would slip off at every attempt to open them. It was feared that the sight was destroyed; if not primarily, that it would by the resulting destructive inflammation.

The prescription recommended by Dr. F. J. Barker in the number of the MEDICAL AND SURGICAL REPORTER dated August 26, 1871, and taken by him from a previous contributor to the same journal, whose name could not be recalled at the moment, consisting of beeswax, sweet oil, tannic acid and carbolic acid, was used. The doctor, however, did not, in this case, observe any decided merit in the prescription, or sufficient to counterbalance the great pain occasioned by its removal on the second day. Perhaps it was in consequence of being applied so late that its efficacy was not apparent. Chloroform could not be administered for the removal of the plaster, as recommended by Dr. Barker. for the reason that it would prove too irritating to the denuded surface of the nose and entire face. Simple bread and milk poultices were then used, as in treatment of ordinary blisters intentionally produced. Five days after the accident the eyelids could be partially opened, when it was discovered that the sight was not impaired, and in a few days after the patient was discharged from treatment almost well.

Dr. Bryan Boroughs again apologized for his delinquency in the preparation of an essay, in accordance with appointment by the president. In consideration of the fact that the doctor has recently entered the matrimonial state, the members were disposed to excuse his present want of attention to scientific matters.

There having existed a verbal understanding with the members that the society should meet alternately at Grove Hill and Suggsville, Dr. Forwood proposed that the meetings hereafter, until again voted upon, should be held at Grove Hill, for the reason that there

was no entertainment for man or beast at Suggsville, and that many of the members having a long ride—absent from home the entire day—needed refreshment for the physical, as well as the mental man.

The resolution was adopted.

The election of officers and delegates was then entered upon, resulting as follows:

President—Dr. A. Y. Bettis.

Vice President—Dr. B. S. Barnes.

Secretary—Dr. Wm. Stump Forwood.

Treasurer—Dr. Bryan Boroughs.

Delegates to the State Medical Association—which meets at Huntsville on the last Tuesday in March—Dr. B. S. Barnes and L. O. Hicks.

At the suggestion of Dr. Bettis, the president announced that the subject for discussion at the next meeting would be the hour-glass contractions of the uterus.

On motion, the society adjourned to meet at Grove Hill on the fourth Monday in May.

Editorial Department.

Periscope.

Hemorrhoids in Pregnant and Puerperal Women.

Dr. Fordyce Barker gives the following direction on this subject in the *American Practitioner*:

When hemorrhoids are developed during the later periods of pregnancy, the indications are obviously to counteract the constipation or the diarrhea, and to stimulate and to restore the tonicity of the hemorrhoidal veins. The inquiry will then naturally suggest itself, have we any agent or combination of agents in the materia medica capable of effecting these results? I know of no article which so clearly and positively produces these two results as aloes, and on this I have mainly relied. I am well aware that the general voice of the profession is against the use of aloes where there is any tendency to hemorrhoids.

The special property of aloes is "to exert the muscular contractility of the colon and rectum," and "to stimulate the venous system of the abdomen, and especially of the pelvis." That these are the effects of this agent, I have not only the authority of special writers on therapeutics, as Pereria, Wood and Bache, and others, but I believe the general experience of the profession also will confirm the assertion. It would seem therefore that the use of aloes for the cure of hemorrhoids in pregnant women would have suggested itself from *a priori* reasoning; but I am not aware, from anything that I have read, that it ever has. I suppose that the general impression that aloes is contraindicated where there is any tendency to hemorrhoids, and that it possesses emmenagogue properties, has had great influence in preventing this. In my own case, the use of this article for this purpose was the result of gradually accumulating observation, rather than from any reasoning on the subject.

In the early days of my professional life I was engaged to attend a woman in her confinement, who suffered from obstinate constipation. I prescribed for her Dewees' pills. At the time of her confinement she mentioned that in her former pregnancies she had suffered very much from piles, but that my pills had cured them. If I had known of her hemorrhoidal tendency I should not have given these pills and I was, therefore, quite surprised by her statement, as the result seemed so contrary to all that I had been taught. From this time I began to experiment as to the effect of aloes in the treatment of hemorrhoids, associated with constipation, in the pregnant; and for many years past I have constantly made use of aloes for their cure, whether the hemorrhoids were the result of constipation or of diarrhea. I give it combined with other agents, according to the special indications of each case, and in such doses as I learn by experience of the peculiar idiosyncrasy of the individual is necessary to secure one easy, free, daily evacuation of the rectum. Some require a grain morning and evening, while in others a half grain is sufficient. In anemic patients I combine the aloes with the sulphate of iron. In the two last weeks of gestation I always combine it with the extract of belladonna. The following is a frequent prescription with me:

℞. Pulv. aloes soc.,
Sapo. cast., aa ʒj.
Ext. hyoscyami, ʒss.
Pulv. ipecacuan., gr. v. M.
Ft. pil. (argent.) No. xx.
S. One morning and evening.

When the patient is anemic, I add to the above one scruple ferri sulphat. Some ten days or two weeks before the supposed time of labor I substitute the extract of belladonna, ten grains to one scruple, for the extract of hyoscyamus. When the hemorrhoids are associated with an irritable rectum, and frequent, small, teasing, thin evacuation, I substitute for the hyoscyamus a small quantity of opium, giving a smaller quantity of the aloes, as in the following formula:

℞. Pulv. aloes soc.,
Ext. opii aq.,
Sapo. cast., aa. gr x. M.
Ft.—Pill No. xx.
S.—One morning and evening.

It is unnecessary for me to multiply formulæ, as the general principles by which I am guided will be sufficiently evident from the above.

In some cases I have not been consulted, and have not known of the hemorrhoidal tendency of the patient, until my attendance during labor. I have seen the hemorrhoidal tumors sometimes become very large during the labor. Dewees says: "Much may be done during labor to prevent a severe spell of piles by the accoucheur making a firm pressure upon the verge of the anus with the palm of his hand, guarded by a diaper, during the progress of the head through the external parts, and by carefully returning them after the expulsion of the placenta, as the sphincter is now fatigued, and will not oppose their descent." I have frequently tried this expedient, but I cannot say that it has been very successful, as the tumors soon come down again, and under these circumstances they are very apt to become strangulated, inflamed, and cause a great deal of suffering. When I find this condition of things, I have within a few years past adopted the plan of forcible dilatation, recommended by my friend and colleague, Prof. Van Buren. My method is this: the patient being fully under the influence of chloroform, I select the moment of the delivery of the child and before the placenta is brought away. I push back the tumors with the sphincter, if I can readily; if not, I leave them alone, and introduce both thumbs, back to back, well in the sphincter, and opening them as wide as possible I draw them through the sphincter. During this time I have firm pressure made on the uterus by an assistant, and in several instances the operation was followed by the sudden expulsion of the placenta from the vagina. I direct the following ointment to be applied twice daily to the tumors, and well up in the rectum:

℞. Ung. gallæ co., ℥j.
Ext. opii aq., ʒj.
Sol. ferri persulph., ʒj.
Ft. ung. M.

The result has been in every instance that the tumors have gradually disappeared, and the patients have have had very little suffering from the operation.

Where hemorrhoids come on after labor, the suffering is generally much greater than when it occurs during pregnancy. They are very often induced by the action of the purgative given two or three days after confinement.

It is now many years since I have been convinced that castor-oil was one of the worst agents that could be used as a laxative when there is a tendency to piles, as in many instances I have seen its action develop them. For many years I have annually spoken of this to the medical class before whom I have lectured, and I have received many letters from former students corroborating my statement by their own observation. But I have never seen this alluded to, except in one work—viz, Hardy and McClintock on Midwifery and Puerperal Diseases—who incidentally make the following remark: "We may first observe that castor oil is ill-suited for patients who have hemorrhoids, being very apt to produce in them tenesmus and considerable irritation of the rectum." I may add the following from Quain: "Common opinion has assigned to castor oil a character for blandness (probably because of its being an oil) to which it is not entitled. It is an efficient purgative, but, except when given in minute quantities, it usually irritates the rectum."

In Wood and Bache's Dispensatory (article, Castor oil) we find the following: "Some apothecaries are said to use it as a substitute for olive-oil in unguents and cerates; but the slightly irritating properties of even the mildest castor oil render it unfit for those preparations which are intended to allay irritation." It is curious that its irritating action on the mucous membrane of the rectum has not attracted more attention.

In those who have, or are disposed to have, hemorrhoids I give the following on the second day after confinement:

℞. Magnesiæ sulph.,
Magnes. carb,
Potas. sup. tart.,
Sulphur. sublim., aa ℥ss. M.
Mix thoroughly.
Sig.—One, two, or three teaspoonfuls of the powder before eating in the morning.

This powder produces a soft evacuation, without pain, even when the hemorrhoids are inflamed. By procuring a daily evacuation with the powder, and the use of the ointment as before mentioned, I have found the hemorrhoids in puerperal women soon cease to give trouble.

The Ophthalmoscope in the Diagnosis of Bright's Disease.

The Boston *Med. and Surg. Journal* says: Dr. WILLIAMS stated that at a recent meeting of the Boston Medical Society the question was asked whether it was possible to distinguish with certainty the ophthalmoscopic appearances observed in connection with Bright's disease from other morbid changes seen in the fundus of the eye. In answer to this question, he would read two cases selected from an unusually large number which had come under his observation within the last six months, where the subsequent course of the disease and death of the patients had afforded unmistakable confirmation of the diagnosis made by means of the ophthalmoscope at a time when no suspicion of kidney disease had been entertained.

CASE I.—Mr. —— consulted him December 13, 1870, complaining of much dimness of

sight. Examination with the ophthalmoscope showed dilatation of the retinal veins, marked yellowish-white exudation around the optic disk, indistinctness of outline of the disk itself, small, flame-like hemorrhagic patches here and there in the vicinity of the optic nerve and the macula lutea, and a group of brilliant white spots clustered about the macula lutea.

On inquiry, the patient said that he had suffered for some time from severe headaches, which he had attributed to gastric disturbance, but which were ascribed, by an irregular practitioner whom he had seen, to his liver. No disease of the kidney had been suspected, and the gentleman was incredulous as to the correctness of Dr. William's opinion when it was expressed to him. But on testing the urine by heat and nitric acid abundance of albumen was found. He was enjoined to give up the more active portion of his business, which prevented his taking proper care of himself, and to be regular in his hours for meals. Mild tonics were given.

No unfavorable prognosis was given to the patient, but his family were informed as to the probable termination of the disease.

Under the plan of treatment recommended, the patient improved in health, and on his last visit to Dr. Williams, near the end of January, he was free from pains in the head, and was very cheerful and hopeful. But his face had a puffy look, and Dr. Williams could not feel the same confidence that all was going on well with him. No examination was made at this time, as he came in haste, merely, as he said, to report progress.

He left the city soon after, hoping for benefit from change of air; but a few days afterward he broke down, almost at once; new cerebral symptoms came on, and a fatal result soon ensued.

At the autopsy, as reported by his attending physician, the kidneys exhibited very extensive fatty degeneration, with several cysts.

Case II.—Mr. ——, æt. 27; consulted Dr. Williams May 3, 1871. Twelve weeks previously he had severe pains in forehead, and noticed dimness of sight. This dimness increased till now he can count fingers only at six inches from his eyes. His face was pale and œdematous. Has had pain in right lumbar region, and also in left side, attributed by his physician to an enlarged spleen. His urine has considerable cloudy deposits after standing, and coagulated on being heated.

The ophthalmoscope showed very extensive exudations in the vicinity of the optic disks, and hemorrhagic spots were extensively scattered over the retinæ.

The prognosis given to his father who accompanied him, was most unfavorable as regarded his sight and his life, and the patient returned home.

May 15th.—His father wrote: "He bore the journey home remarkably well, and for the two succeeding days (6th and 7th) appeared as well as when you saw him, except a swelling in one foot and leg, the inflammation extending nearly to the knee. He was perhaps slightly prostrated by the fatigues of the journey. Saturday night he had but little rest, and got up on Sunday morning with the appearance of having a very severe cold in his head and chest; the cords of his neck inflamed and painful. He soon had a chill. Most of the day he was in a kind of lethargic sleep. Monday he was more comfortable, the soreness having left his throat, but cords of his neck still painful. Tuesday morning he was much prostrated, and could not walk without support.

"Up to this time he had confidently expected to recover, notwithstanding the little encouragement you gave him.

"About this time the swelling in his neck and chest increased considerably, he constantly growing weaker. He was very thirsty. Wednesday, between two and three, P. M., he became partially deranged talking almost continually, but could be called back to consciousness for a moment by speaking to him. This continued till about nine, P. M., when his consciousness fully returned—he bade good-bye to his friends, and quietly breathed his last."

Method of Recording the Hearing Power.

Dr. J. S. Prout, Surgeon to the Brooklyn Eye and Ear Hospital, Brooklyn, N. Y., suggests the following plan in the *Boston Medical and Surgical Journal*:

In otological practice we constantly feel the necessity for a reliable test for the hearing. For want of anything better we use the ticking of a watch, the voice spoken and whispered, tuning forks, etc. The accuracy with which we measure the visual power of Snellen's test-types, and record the results obtained, cannot be arrived at by means of any of the usual sound makers (sonofactors), nor will it be until an instrument can be made which shall *always* produce uniform tones. These tones must be arbitrarily assented to as relatively, not absolutely, correct, just as the visual angle of five minutes, on which Snellen forms his test-types, is arbitrarily chosen, and "does not afford us an absolute, but only a relative value." For this reason the attempt to invent a perfect sonofactor for testing the hearing power should be encouraged. In the meantime the sources of sound already mentioned must continue to be used in recording our observations.

A short formula for expressing the results thus obtained has long seemed to me to be necessary—something approaching the brevity of that used for recording the vision. This is based on the fact that the visual power is expressed by a fraction the numerator of which is the utmost distance at which the types are recognized (d), and the denominator the distance at which they appear at an

angle of 5 minutes (D), thus giving the formula $V = \frac{D}{d}$. I hold it to be a mistake ever to reduce this fraction to lower terms. If not so reduced, $V = \frac{1}{1}$, or $V = \frac{10}{10}$, or $V = \frac{20}{20}$, means that type No. 1, No. 10, or No. 20, was read at one, ten or twenty feet and expresses by its own terms, without any *conventional understanding*, just what test was used. In ordinary usage, the formula V = 1 is intended to express the fact that type No. 20 was read at twenty feet, but it is more simple and straightforward to say in such a case $V = \frac{20}{20}$, and it is *very little more trouble.*

To return to the hearing: for nearly three years I have recorded the hearing power as a fraction, the numerator of which is the distance at which the particular sound is heard, the denominator the distance at which it should be heard by an ear of good average hearing power. This denominator must vary according to the sonofactor used, and should generally be expressed in inches.

For still further simplification, and that the method may be adapted to international use, I suggest the following abbreviations: A. D., auris dextra, instead of right ear or R. E; A. S., auris sinistra; P. A., P., aud., potentia auditûs, hearing power; V., vox, the spoken voice; V. S., vox susurrata, whispered voice —or simply S., susurrus, a whisper; H., horologium, the watch.

If this system should become general, then the formula P A, A D, $H, = \frac{12}{36}$, would to all otologists represent the fact that a watch that should be heard at 36 inches was heard by the right ear of the patient at a distance of 12 inches; the formula P A, A S, V S, $= \frac{6}{36}$, would mean that the whispered voice was heard by the left ear at six inches that should have been heard at 36 inches. It is not necessary to multiply examples.

Rupture of the Uterus, with Abdominal Section.

Dr. EDWARD WHINERY, reports the following remarkable case in the *Transactions of the Iowa State Medical Society:*

On the 28th of March, 1865, at 8 o'clock A. M., I visited Mrs. S., of Niota, Illionis, a healthy Irish woman about 37 years of age, who, I was told, was taken in labor about ten o'clock, A. M., of the 27th. The first indication she had of approaching labor was the escape of the waters, soon after which regular labor pains supervened, and an ignorant midwife was summoned to attend her. Labor progressed regularly until about 7 o'clock in the evening when it was expected the child would be born in a few minutes. She was seized at that time with severe burning, lancinating pains, or stitches, as she called them, throughout the abdomen, and the expulsive pains ceased. I found her sitting is a chair, leaning forward at an inclination of about forty degrees, and very unwilling to change her attitude. Her pulse was a hundred and ten, irregular and fluttering; the countenance very anxious and pale; the skin cool and clammy. It was with difficulty I could induce her to assume a position convenient for me to make an examination per vaginam.

I caused her, however, to be held at an inclination of about forty-five degrees, and passing the digital finger of the right hand into the vagina and the left hand over the abdomen, I found the head of the fetus resting well down on the perineum, but by pressing firmly with my finger against the head, it ascended above the the superior strait, and the whole body could be distinctly felt through the walls of the abdomen, she being of spare habit. The motion thus given to the fetus very much increased the lancinating pains, and she cried out, "These stitches will kill me." My diagnosis was rupture of the uterus, and I informed her and her friends that her condition was very precarious. She tried to give her "Mutterkorn Thee" (ergot) but the stomach would not take it. The night was very dark, and the husband and his friends were afraid to attempt to cross the Mississippi river in row boat, as it was very high with much drift-wood floating; she therefore spent the night in applying new corn whisky to the abdomen.

I allowed the patient to assume the attitude first mentioned; returned home for my instruments and an assistant; Dr. J C. Blackburn accompanied me. At 10 o'clock A. M., when we arrived, no change had taken place in the patient. My friend, Dr. Blackburn, thought, from the visible and physical appearances, and my representations of the case, that my diagnosis was correct, and we soon agreed upon the propriety of making the abdominal section. Dr. Blackburn administered the chloroform while I was preparing other matters. We placed the patient on her back on a table, and I made the incision on the right of the umbilicus, about six inches in length, through which I removed a large male child (dead of course), and the placenta, both being entirely above the uterus, which was well contracted down into the pelvis. There was very little appearance of hemorrhage. The rupture was in the fundus from the anterior to the posterior wall. The edges of the wound were now brought together by sutures of silk, taking care to include all the structures except the peritoneum; then finishing the dressing straps, a compress and a wide bandage. The operation and the dressing were performed in less than five minutes, and the patient placed in bed, still under the influence of chloroform. When she recovered from its effects, she expressed herself as feeling quite comfortable and grateful for her delivery from her intense suffering for so many hours. We expected peritoneal inflammation to supervene, but in this we were happily disappointed.

I visited her on the 29th, and found her comfortable; the pulse had gone down to

eighty, and every symptom was favorable; the lochia was moderate in quantity; she had been nearly free from pain and slept well during the night, though she had not taken any morphia and quinia powders left for her, in case irritation and debility set in.

March 30th and 31st—continues without an unfavorable symptom.

On the 3d of April she sat up three or four hours in bed. The wound had healed by first intention.

On the 5th I took out the sutures and continued the adhesive straps, the compress and bandage; she was then dressed and sitting up.

On the 8th the lochia ceased and she went about her ordinary housework.

On the first of June she menstruated, and again on the first of July; then she became pregnant, and on the first day of this April she gave birth to a healthy female child. I was in attendance and found the "waters" had passed off two days before, but there had been no pain till within three hours after the time of my arrival. The os uteri was well dilated and the head of the fetus was entering the superior strait; fearing that the former rupture might have impaired the integrity of the uterus, and that we might have the accident repeated, I applied the forceps and assisted the expulsive efforts so that in an hour and a quarter after entering the room I had the satisfaction of finishing her delivery. She and her friends were very much relieved for she had heard that it was the opinion of some medical men that she could not go through the parturition safely after such an accident. There was nothing unusual attending gestation. She says this is her tenth pregnancy, and the easiest delivery she ever had; she generally had had difficult deliveries. Two of her children had been still-born in consequence of protracted and difficult labor.

Within the last fifteen years I have not hesitated to use the forceps at the proper time in preference to giving ergot; it is much more humane and altogether more safe. When the forceps are applied, the danger from rupture of the uterus is passed, and by skillful traction and manipulation during each pain, the suffering of the woman is very much lessened, but the effect of ergot in increasing the uterine contractions is sometimes too horrid to contemplate, and I shall never use it again for such a purpose. I have practiced obstetrics in general practice for more than a quarter of a century, and attended about fifteen hundred cases of parturition, but never met with a case of rupture of the uterus before, and I think this accident would not have occurred in the present case in the hands of a scientific practitioner.

A very large proportion of the cases I find reported in the journals and works on midwifery have proved fatal. Very few who have reported cases have resorted to the abdominal section.

Reviews and Book Notices,

NOTES ON BOOKS.

We have received the following brochures:

——Clinical Observations on the Dementia and the Hemiplegia of Syphilis. By M. H. HENRY, M. D.; reprinted from the *American Journal of Syphilography and Dermatology.*

——Diagram showing the aggregate mortality in the United States, by age and sex, constructed from 392,821 deaths, returned and recorded for the year ending June 1st, 1861, by J. M. TONER, M. D.

——Diagram howing sthe ages at which an excess of one sex over the other exists in the different States and Territories of the United States, constructed from data given in the census report of 1860. By J. M. TONER, M. D.

——Annual Report of the Managers of the Western Pennsylvania Hospital for 1871.

——Nineteenth Annual Report of the Pennsylvania Training School for Feeble-minded Children, Media, Delaware county. 1872.

——Third Annual Report of the Philadelphia Eye and Ear Infirmary. 1872.

——Catalogue of the Jefferson Medical College. 1872.

BOOK NOTICES.

Transactions of the Eighteenth Annual Meeting of the Medical Society of the State of North Carolina, held at Raleigh, N. C., May 1871. 1 vol., paper, pp. 57.

This pamphlet contains the minutes of the meeting, the address of the president, Dr. R. L. PAYNE, and several brief articles of scientific merit. Dr. ROBERT J. HICKS reports a case of sclerodeima and two of empyema cured by paracentesis. Dr. E. BURKE HAYWOOD describes an operation for traumatic aneurism of the superficial palmar arch; another for vesico-vaginal fistula. The use of bromide of potassium in violent cerebral excitement is illustrated by Dr. W. T. CHEATHAM; and Dr. WILLIS ALLSTON, of Warrenton, describes a case of glioma of the retina.

The volume would have been improved if, instead of the advertisements inserted, or in addition to them, the committee on publication had printed a table of contents or an index or both.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 30, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO WHAT EXTENT ARE PHYSICIANS RESPONSIBLE FOR DRUNKENNESS?

On page 217 of this volume of the REPORTER will be found a statement signed by three three hundred physicians of London, to the effect that they believe that the prescription of alcoholic liquids by medical men often gives rise to the formation of intemperate habits.

In the Chicago *Medical Examiner*, February 1, 1872, Professor N. S. DAVIS, the editor, uses the following language in some comments on the above-mentioned statement:

"We were long since convinced that the medical profession are largely responsible for all the evils flowing from the use of alcoholic drinks among civilized nations. That the habit of recommending patients to take some one of the alcoholic drinks, without careful limits as to time and quantity, has been the direct means of starting an appetite that has led many to the drunkard's goal, is doubtless true. But the custom, so generally indulged in by the members of the profession everywhere, of speaking of these drinks as restorative, supporting and stimulant, in their daily intercourse with all classes of society, has impressed these erroneous ideas indelibly upon the public mind; and no amount of either moral or legal suasion will stop the habits of drinking and consequent drunkenness, until our profession reverses its teaching and thoroughly revises its practice in regard to these agents."

On the other hand, we quoted not long since from Dr. GEORGE M. BEARD'S excellent little work on "*Stimulants and Narcotics*" his opinion, formed after a careful investigation of the subject, and corroborated by the concurrent testimony of Prof. AUSTIN FLINT, and other distinguished practitioners, that persons are very rarely indeed led to the habit of drunkenness by alcoholic medicines.

Of course, the ultra-temperance advocates, who are notoriously regardless of the way they deal with facts, assaulted him unmercifully. A prominent writer and orator uses these words in a notice of the book in the New York *Evangelist*:

"A thorough-bred physician in this neighborhood, who has made a special study of 'Toxicology,' pronounces Dr. Beard's volume sophistical on some points, and hurtful in its general tendency. Have we not had quite enough treatises lately, which are calculated to give aid and comfort to the dram-drinkers? There is a growing impression in the minds of thoughtful and conscientious people that the medical profession have had quite too large a share in the manufacture of drunkards, and this unhappy book of Dr. Beard's will only deepen that impression."

Equally of course, when Dr. BEARD applied to that paper for permission to rebut this false and flippant description of his views, his request was denied. Pulpit orators are very unwilling to give up the freedom from contradiction they enjoy in their sermons, and if they can control a newspaper, a community, or a country, they rarely fail to insist on maintaining that dearly beloved and very agreeable privilege. That their views may be incorrect and unfair to other professions is a possibility they will neither contemplate nor concede. As one of the most eminent of them has no less wisely than wittily said: "Orthodoxy is my doxy; heterodoxy is other people's doxy."

Now if physicians deserve the censure conveyed by Dr. DAVIS and the London signers to the statement above referred to, we sin-

cerely hope they will take it home to themselves and profit by it.

Whether they do or do not deserve it, is a question of fact which it would be well to settle first before they change their therapeutics. This question we shall proceed now to discuss.

In our own practice we have prescribed alcohol in various forms freely, that is, in many hundred cases. Of course, many such cases passed from our sight, but of those who are still known to us, *not one* has become a drunkard in consequence of our administering these agents. We cannot say the same of *opium*, and we have learned to be cautious about recommending its use, lest a dangerous habit of abuse be contracted.

We have casually asked several physicians their views on the subject, and we have found none yet who confessed that they had created drunkards by their remedies.

Better sources of information are reports of inebriate asylums. In Dr. JOSEPH PARRISH'S excellent essay on the classification of inebriates (noticed in the REPORTER, current volume, page 172), that careful student of inebriety and its exciting causes enters very fully into the habits and incidents that lead to the habit. His statements are not *opinions* merely but a transcript of the records of hundreds of lives darkened by this misfortune. They nowhere mention the prescription of alcoholic medicines by regular physicians as a cause. They do, however, include "quack medicines," the "bitters" and "tonics," which encourage tippling under specious pretexts.

Dr. PARRISH says "the following reasons are constantly urged by inebriates and their friends as reasons for the use of intoxicants, namely: 'loss of property,' 'intense study,' 'domestic difficulties,' 'political excitement,' 'intense application to business,' 'disappointed expectations,' "want of employment,' 'use of quack medicines,' 'mental anxiety,' etc., etc.

"Who of us does not immediately recognize these as among the commonly reputed 'causes' of the intemperance of those who seek the shelter of the institutions under our care?"

Another witness whom we can call to testify to similar effect is Dr. PALUEL DE MARMON, of New York. In a well-considered pamphlet we have lately received from him on the subject of the moral and criminal responsibility of inebriates ("*Medico-Legal Considerations upon Alcoholism*") he says:

"When we want to treat a disease we always try to find its cause. When this last is found it is often an indication for the treatment.

"Now, in ninety cases out of a hundred drunkenness is first contracted by imitation and politeness; for it is considered very impolite by some individuals to refuse to drink when invited to *join in*. It soon becomes a habit, and then constitutes one of the most incurable diseases. Every additional glass is one more stitch in that other Nessus' tunic, called chronic alcoholism, and for which, when once entangled in its folds, it is impossible to come out, and, Hercules-like, the drunkard, dies in the most wretched agony."

In the ten per cent. remaining we must look for all the victims of the doctors, as well as those overcome by other influences. Clearly Dr. DE MARMON is not one of the "thoroughbred" species of physicians who prompt the *Evangelist*.

Those who would investigate the subject closely must not take the drunkard's word at once. He is ever ready to shift the responsibility, and to blame others for the disgrace he has brought upon himself. As Dr. BEARD very justly remarks:

"For years one may indulge in secret drinking, without the knowledge of wife or child, of parent or brother. When, finally, the habit has become a tyrant, and the man reels in public shame to his door, and before the eyes of trusted friends, the temptation to supplement drunkenness by lying and slander, and to attribute all his woes to some medical prescription that may or may not have been given him during the previous quarter or half century of his life, is so great that it is no wonder it is so frequently yielded to."

We shall be pleased to have the results of the observations of such of our readers as can

give us reliable records on this momentous question. And we assure all that even if their records conflict with our own views they shall not be suppressed—an example we propose to set for some other journals, which speak more than we do of the beauties of truth and fairness.

THE UNITY AND GENESIS OF DISEASES

One of the most serious objections to the exclusively practical and experimental method of studies now adopted in natural science is that the lessons of history are disregarded. Indeed who, nowadays, cares anything about the past of science? There is not to our knowledge a single professor or teacher of the history of medicine in America. There is not in American medical literature a single volume on the history of disease.

As a consequence of this ignorance, much thought and labor are thrown away upon medical researches as useless or as hopeless as the quest of a perpetual motion.

Take for example the subject of the "unity of disease," an inquiry which has exercised the brains of semi-scientific students time out of mind. Yet the clear insight of the father of medicine, HIPPOCRATES himself, recognized its futility, and he distinctly declared its attainment impossible, saying that the processes of nature resemble a circle, without beginning and without end, and of which the human eye can never see but a portion. Only in the tract "On Airs," falsely attributed to him, is the proximate principle of morbid phenomena stated, and with what weakness may be seen from the following extract. "The nature of all diseases is the same; they differ only in their seat. Their essence is one, and so is the cause that produces them. But what is this cause? This I shall explain It is the air, the breath."

Such vague dreaming is not one whit wider the mark than the theory of Dr. DICKSON, enunciated some forty years ago, that all diseases arise from a disturbance of the electrical condition of the brain leading to an augmentation or diminution in the movements of the constituent atoms of the body. This, too, we are ready to laugh at. But we attend gravely and accept almost without question the so-called demonstrations of the fashionable theory of the day, that all disease arises from germs. It may be that our children will laugh at that.

Any search for the primal cause of disease is contrary to sound reasoning. We never search first causes in studying nature. Least of all should we waste time in such endeavors in medicine. Any possible unity must be one of two kinds—a unity of phenomena, or else, to borrow a theological expression, a *hypostatical* unity, a oneness of nature, but exhibited under diverse phenomena.

Now the veriest tyro in the logic of science must see that any such unity as this latter cannot be discovered by observation and experiment, which deal with phenomena solely. We are thus thrown back on the former possibility. Here the practical difficulty meets us of estimating the relative value of morbid phenomena. They are infinitely various; as the medical historian RENOUARD justly remarks, and as every young practitioner learns to his cost as soon as he leaves the lecture room for the bedside, "Nature perhaps never produces two morbid states absolutely identical."

Within the present century we have seen eminent teachers diametrically opposed on the value of the most prominent symptoms. PINEL, for example, regards periodicity as so subordinate and secondary a characteristic of fever that he leaves it out of account altogether; while Dr. DICKSON estimated it as that beyond all others most important, and sees it in gout, toothache, and every other complaint.

In fact, the question of the unity of disease is in the same category with those of the unity of the human race, and of languages. No

judicious ethnologist or linguist now writes on those questions.

But this does not prevent the study of the historical genesis of individual diseases, and groups of disease, being possible, profitable and eminently praiseworthy. Indeed, this study, if better understood and more sedulously cultivated, would throw a most desirable light on practical medicine.

We shall illustrate our meaning by one of the best known and sharply defined groups of diseases—the exanthemata. We venture to say that the large majority of our readers consider these maladies—measles, scarlet fever, small-pox, and chicken-pox—as positively distinct in nature and origin as is possible. They can even remember that this and that learned investigator has announced that he has discovered the identical fungus peculiar to each, and the cause of each.

Yet there is no fact more positively proven in the history of disease than that all the exanthemata are variations from one original type. They have all arisen within the period of modern European history; they can be traced back unmistakably to an epoch when all their forms were blended in one, from which they differentiated as time progressed influenced by varied surroundings, and various constitutions. A conscientious study of their fluctuations and gradual growth into the forms in which we now know them, would be one of the most suggestive and fruitful contributions which could be made to medical literature. As SYDENHAM remarked: "*Non possunt præsentes morbi cognosci, nisi ex preterita temporum constitutione.*"

There is neither sameness nor oneness in disease. The "change of type" which has been the theme of so much barren discussion, has forever been and will forever be going on. There is no permanence in symptoms, for there is none in the morbid states which give them origin. Here as elsewhere throughout the realms of nature is an endless fluctuation, a ceaseless changing, a constant welling up of new and strange forms, an equally constant disappearance of familiar characteristics:

"Ein ewiges Meer,
Ein wechselnd' Weben."

THE PRESBYTERIAN HOSPITAL.

In speaking of the Presbyterian Hospital of this city a few weeks since, we estimated the value of the property donated by Rev. Dr. SAUNDERS and his wife at $50,000. We have since learned that its value is much nearer $150,000

The alterations and repairs to the buildings intended to be used temporarily for the Presbyterian Hospital are being rapidly carried on under the supervision of the committee, of which Rev. William O. Johnston, D. D., is chairman, and it is expected they will be ready for occupation in about one month. Plans for the new building were laid before the ministerial association at their meeting on the 25th.

The indefatigable agent, Rev. Dr. SAUNDERS, having thus fulfilled his first engagement to collect $100,000, and got the institution in a fair way to be opened for the reception of patients within a month, now proposes, we understand, to collect a fund of $600,000, to erect appropriate permanent buildings, in anticipation of the centennial celebration of 1876.

Notes and Comments.

Promotion.

We take pleasure in announcing that Dr. J. H. BAXTER, for some time assistant medical purveyor, has been promoted to the position of chief medical purveyor, U. S. A., and confirmed in that position by the Senate. This is a position of great responsibility, as the chief medical purveyor has supervision of all matters pertaining to the purchase of medical and hospital supplies for the army. This tribute to a deserving officer, as well as to the volunteer medical staff of the late war, is very gratifying, as Dr. BAXTER was the only one of their number who was selected for a higher position than assistant surgeon in the regular

service, when the army was reorganized after the close of the war, and his selection for this position is an admirable one.

We understand that the promotion will not interfere with the completion of the report of the medical statistics of the provost marshal general's bureau, now being prepared by Dr. BAXTER, and nearly completed.

Correspondence.

FOREIGN.

Medical Study in London.

LONDON, February, 1872.

EDS. MED. AND SURG. REPORTER:

For the practical study of medicine London, doubtless, excells any other city in the world. The number and varied character of the hospitals, the great amount of clinical material constantly presenting itself at these institutions, and the wide reputation of the physicians and surgeons in charge, constitute for the medical student a rare *embarras de richesses*.

After he has made his first grand round of observation, two puzzling questions come up for consideration: in what direction to first turn his attention, and how best to systematize his time, too short for the numerous demands upon it. The answers will, of course, vary with the particular objects in view in each individual case. Every one will find abundant food for either special or general study. Access is readily had to the hospitals, lectures, museums and libraries.

The cost of living in London, for a medical student or practitioner stopping here for study, is not less than in Philadelphia, contrary to the general opinion. I doubt, indeed, whether the latter is not the cheaper city. It certainly was before the war. I have conversed on this subject with several American physicians, who have been here for some time visiting the hospitals, and they all agree that it is not possible to lodge and board for a less price than in our own large cities. This fact, to prevent disappointment, should be borne in mind by those who look forward to benefiting themselves by the immense clinical advantages of this great city.

To the young physician of some years practice, a few months spent in London cannot fail to be of great interest and profit. He may be quite sure of a cordial reception and open doors. It is particularly in connection with the "out patient" department of the hospitals that he will find unequaled opportunities extended him. The "out-patients" are those who visit the hospital for treatment, as distinguished from those who have beds in the hospital. They are, of course, therefore, all walking cases. Each day there is in attendance, in turn, one of the physicians or surgeons of the hospital to meet them. This physician, who is one of the most prominent men in his department in London, examines and treats, as if at his own private office, with the aid of his assistants, each patient, a task of many hours. An American of industrious habits, and possessed of some experience, can readily associate himself with the physicians of a number of hospitals, not as a spectator, but as an assistant. He will thus acquire in a short time a practical training, under the best auspices, in investigating cases, and a close insight into current therapeutics and surgery, which will amply repay him for his outlay of time and money in crossing the Atlantic. These remarks are especially true of new and venereal diseases, diseases of the eye, of the heart and lungs, and of women.

The surgical clinics are conducted here, as a rule, with much less attention to demonstration than in our own hospitals and colleges. For instance, at a clinic of Sir WM. FERGUSON'S, which I have just attended at King's College Hospital, he scarcely addressed a score of sentences to the class during the hour in which he operated for fistula in ano, hair-lip and cancer of the breast. What little was said in each case was after the operation, which was immediately commenced, so soon as the patient was brought in and chloroformed, without a preliminary word as to the diagnosis or history. Sir WM. FERGUSON I may mention, *en passant*, most strickingly resembles in form and feature Prof GROSS.

The seats in the lecture and clinical theaters are somewhat differently arranged from those in our own colleges. In most instances there is no support for the back. They are all furnished with elevated seats against which one can lean while standing, the position of most of the class during an operation.

Details in regard to methods of medical instruction and study in London I reserve for future letters. GEO. H. NAPHEYS, M. D.

DOMESTIC.

A Case of Triplets.

EDS. MED. AND SURG. REPORTER:

I observe in the REPORTER of February 24th an article from Dr. CRAMPTON on triplets. As I have lately had a case which differs from anything under my charge for twenty years, and as it is these odd cases that most interest us, I have thought it might be worth while to state it briefly:

February 1st I was called, while eating my breakfast, to attend Mrs. M., æt. 32, in her third confinement. It being a ten mile ride, when I arrived I was cold, and while warm-

ing myself I asked the midwife in attendance to tell me what she knew of the case. For a reply she reached under the bed and brought out a dead fetus, shrunken and nearly black, which, she said, had been expelled before daylight; that there was only a slight pain at the time, and concluded by saying there had been no pain since, and all that was wanted of me was to remove the placenta. The mother now spoke and said there was a motion yet. As I ran my finger up the cord she was taken with a violent pain, and as the membrane soon became very tense I ruptured, and about a pint of liquor escaped. Supposing the second stage had commenced I waited half an hour, and as there was no pain I again passed my finger up the cord, when she felt another pain, and I encountered another set of membranes, which I ruptured. Another half hour of idleness passed, and then another act, exactly like the two last, and the head came down, and again everything was quiet and easy.

I tried for two hours to induce a pain without success; it seemed every particle of moisture had gone; so I delivered with forceps, after waiting my usual time. The placenta was adherent, and in delivering it I found there was a curious shape to the fundus, but I brought away my hand with a single placenta and two cords attached; the first one of course much shriveled. Now comes the strangest part. I again inserted my hand where the fundus ought to be, when I came to a stricture that reminded me of a string tied around a sack. By pressing gently with the index finger I soon had in my grasp the toes of another child, which I did not loose until it was born. There were no fluids, nor lochia, nor even a placenta for this last child. The mother did not lose over four ounces of blood, and has made a good recovery. The children were five months, and the two lived two or three hours. The first was a male and the others were females.

This is the first time I ever knew a child to have a portion of the uterus set off for itself, and in such an unheard-of manner. I nearly forgot to state that this last child had a cord eight or ten inches long; if it reached through the strictures and was attached to the placenta it escaped my notice.

J. Butts, M. D.

Onawa, Iowa, March 8, 1872.

On Stiffening after Fractures.

Eds. Med. and Surg. Reporter:

The closing remarks of Prof. D. Hayes Agnew, in his lectures on fractures of the radius and ulna, as reported in the Medical and Surgical Reporter, vol. xxvi. No. 6, February 10, 1872, page 117, have interested me very deeply, as I have had the misfortune to have a fracture of the humerus, which has been followed by stiffening of the wrist, thumb and fingers, in opposition to all passive motion, friction, warm douches, warm bathing and stimulants.

With all deference to the teachings and opinions of Prof. Agnew, I may venture to suppose that the same morbid action which caused stiffening in my case, often, if not generally, causes stiffening in fractures of the radius and ulna; and as the forearm, wrist and hand, including thumb and fingers in my case, received no injury, I cannot believe that "inflammatory adhesions of the tendons" have taken place; and yet, the state of the joints is, to all appearance and so far as I am able to judge, precisely like that which is often produced by fracture of the radius and ulna.

In my case the hand and forearm, soon after the fracture of the humerus, became much swollen, hot, red, painful and sore or tender, so that careless handling and even gentle passive movement of the joints caused extreme suffering, and this state continued, with little abatement, for weeks and months. It is now six months since the fracture took place, and the temperature of both hands is about alike at present.

The medical gentlemen who have examined my case, and among them three or four professed surgeons, one of whom is a distinguished professor, attribute the heat, redness, swelling and pain to impaired function of the ganglionic or sympathetic nerve supplying the parts affected.

That the ganglionic nerve was affected by the fractured bone seems highly probable, since some of the filaments of the sentient and motor nerves were evidently injured. The thumb is somewhat benumbed and the index finger was so for a month or more. All the muscles which extended the hand and the first phalanx of the fingers are now entirely paralyzed, while the extensors of the second and third phalanges are not so in the least degree, nor are any of the flexor muscles.

The joints of the hand are still inclined to become stiff, and the soreness seems likely to remain until the joints become anchylosed, when they will be easy, I hope, but useless.

P. M., M. D.

New Rochelle, N. Y., March 16, 1872.

News and Miscellany.

——At the recent commencement of the Chicago Medical College there were twenty-two graduates, one of the largest classes that has ever left the institution.

—— Seven women doctors graduated from the New England Female Medical College at its recent commencement. It is said that the college was never in so flourishing and favorable a position as at the present time, but it needs liberal aid to complete the payment for its new building, and meet other liabilities.

——The fifty-first annual commencement of the Philadelphia College of Pharmacy took place on Friday, March 15th. The degree of Graduate in Pharmacy was conferred on 59 graduates. Prof. J. M. MAISCH delivered the valedictory address. At the close of the address a very fine balance was presented to the college by the graduating class.

——The forty-second annual commencement of the New York College of Pharmacy, was held Tuesday evening, March 19th, in Association Hall. Prof. WILLIAM HEGEMAN, president of the college, presided, and conferred the degree of Graduate in Pharmacy on nine students. Prof. CHANDLER delivered the valedictory address. The prizes were distributed as follows: First prize, $100, Augustine G. Caille; second prize, $50, to J. H. Tucker, of Baltimore, who also won the Alumni Association prize, $50, for the best thesis; third prize, $50, to Charles F. Ringler, of New York; fourth prize, $50, to Frank S. Jones, of New York, who also won the Squires prize.

——The Pennsylvania College of Dental Surgery in this city recently conferred the degree of Doctor of Dental Surgery upon 27 graduates.

——At the recent commencement of the Philadelphia Dental College there were thirty-two graduates.

—— A Holtz electric machine, one of the largest and probably most effective in the world, was forwarded recently to the University of Pennsylvania. The revolving-plate is 36 inches in diameter, and the machine is capable of giving an 18-inch spark, which will pierce a plate of glass 8½ inches thick.

——Dr. JOSEPH W. HOWE has been appointed Clinical Professor of Surgery in the Medical Department of the University of New York.

——Dr. W. C. TILDEN, professor of chemistry in the Georgetown University, has been elected to the professorship of chemistry in the Howard University.

——Mrs. Keep, widow of the late Henry Keep, of New York city, has given $100,000 to the Ophthalmic Hospital for the purpose of enlarging its accommodations and making provision for the reception of free patients.

——We learn that the University of New York has just conferred the degree of LL.D., on Dr. THOMAS NICHOLSON, of New Orleans, whose editorship of the weekly scientific column of the New Orleans *Picayune* has furnished so much interesting and valuable matter to the readers of that paper.

Homicides by Insane Persons.

The following additional instances of fatal suicidal and homicidal mania comes under our notice this week:

Mary Burdick, aged fifty years, committed suicide while insane, on Sunday night, March 17th, by drowning herself in a small stream near Poughkeepsie, N. Y.

An insane German in St. Louis, August Schacht, broke his wife's skull in eight pieces, yesterday, with a heavy iron poker.

——According to statistics published by Dr. Everat, a French physician, the following numbers of persons die annually of intemperance, viz.: In England, 50,000, of whom 12,000 are females; in Germany, 40,000; in Russia, 15,000; in Belgium, 4,000; in Spain, 3,000; in Italy, 1,800; in France, 1,500.

MARRIED.

BROWN-SEQUARD—CARLISLE. In Cincinnati, March 14th, by the Rev. Chauncey Giles, of New York, assisted by the Rev. John Goddard, of Cincinnati, C. E. Brown-Sequard, M. D., and Miss Maria R. Carlisle, daughter of the late George Carlisle.

FISH—ROGERS. At Quincy, Ill., March 18, 1872, by Rev. Sidney Corbet, Rector of St. John's church, at the residence of the bride's father, James D. Fish, of Brooklyn, N. Y., and Belle, daughter of S. W. Rogers, M. D.

GWYNN—HALL. On the 22d of February, in the M. E. church, in Marshall, Texas, by the Rev. Dr. R. S. Finley, Dr. Gwynn, of Jefferson, Texas, and Miss Blanche Hall, of Harrison county, Texas.

HILLIARD—HAUGHTON. At the same time and place, Dr. Walter Hilliard, and Miss Victoria H. Haughton, both of Harrison county, Texas.

LYSLE—HAYS. By Rev. W. P. Moore, assisted by Rev. A. D. Clark, D D., March 5th, Mr. Addison Lysle and Miss Maria B., daughter of Dr Geo. S. Hays, all of Alleghany City, Pa.

MEALS—GRAHAM. By Rev. T. J. Milford, Janury 23d, Dr. N. M. Meals, of Callensburg, Pa., and Miss Jennie Graham, of West Freedom, Pa.

VANDERBECK—MCDOLE. March 19, 1872, at the residence of the bride's parents, by Elder F. H. Burbank, Cornelius C. Vanderbeck, M. D., of Allentown, N. J., and Miss Fannie J. McDole, of this city.

WESSELER—SPLETE. March 7, 1872, by the Rev. C. E. Felton, Dr. F. W. Wesseler and Miss Sophia Splete, both of St. Louis, Mo.

DIED.

CANFIELD.—At West Haven, Conn., on Saturday, March 16th, of pneumonia, Mrs. Lucy Canfield, aged 73 years, widow of the late Calvert Canfield, M. D., of Pleasant Valley, Dutchess county, New York.

DAYTON.—In Pattawan, N. J., March 17th, Mrs. Dayton, widow of the late Dr. A. B. Dayton.

DODS.—On Thursday, 21st inst., Dr. J. Bovee Dods, in the 77th year of his age.

FOWLER.—At East Fishkill, on Tuesday, March 19th, of pneumonia, Theodore Fowler, M. D., in the 61st year of his age.

HALDEMAN.—On the evening of the 19th inst., Dr. Edward Haldeman.

LETTERMAN.—Dr. Jonathan Letterman, Medical Director of the Army of the Potomac during the greater part of the war, late Surgeon General on the staff of Governor Haight, and Coroner of San Francisco, and eminent officer and distinguished as a professional man and patriot soldier, died recently in San Francisco.

MARSHALL.—Dr. E. G. Marshall, Assistant Surgeon of Wisconsin Insane Asylum, died at Madison, Wis., on the 20th instant, after a painful illness, caused by post-mortem virus, which had penetrated his system through a wound in the finger during an autopsy.

MARTIN.—In Magnolia, Delaware, March 13th, Dr. J. A. Martin, of consumption, in the 58th year of his age.

QUIGLEY.—In Calcutta, Ohio, March 3d, Dr. Samuel Quigley, aged 76 years. He graduated, and was licensed to practice in 1817, in which calling he labored for 53 years.

SMITH.—On Thursday morning, March 21st, at the residence of her son-in-law, Robert Jaffray, Emily Meier, wife of Dr. Albert Smith, of New-Rochelle.

SUTTON.—On Sunday morning, March 17th, Harriet A., wife of Dr. Wm. Sutton, and daughter of the late J. J. Lockwood.

THE

MEDICAL AND SURGICAL REPORTER.

No. 788.] PHILADELPHIA, APRIL 6, 1872. [Vol. XXVI.—No. 14.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE RELATION OF THE PHYSICIAN AND DRUGGIST.

Read before the Central District Medical Association of of Iowa.

By a Member in Active Practice.

The relation of the physician and druggist is exciting attention in many quarters. In larger cities this may be of easy adjustment, but in smaller towns the annoyances are very great. The only remedy, almost, that can be devised is to go back to the primitive fashion of the old saddlebags and the stock of drugs of known power and efficacy.

In the town in which I reside there are four drug stores, which may be inventoried as follows:

Number one consists of the odds and ends of an old stock of twenty years' standing. It has had almost as many proprietors as it has years. Its stock is kept up by accretions, added according to a list of wants, as drawers or bottles become empty, or until some wanting article is inquired for. Its present proprietor was once a farmer, then went into the grocery business, then shifted his stock for that of drugs. His son is the prescription clerk. He has picked up knowledge enough to decipher a very plainly written prescription, and can find medicines, provided they are rightly labeled.

Number two is kept by a late carpenter. He entered into the business with a physician, but the physician's practice taking him away too much from the shop, hard feelings arose, and Mr. carpenter bought out the whole concern. He usually employs a boy picked up somewhere on the street, and sometimes for a month or so an old clerk. Usually after a month or so boy number one becomes senior clerk, to some other uninstructed junior.

All his stock is bought with regard to the lowest price, no attention being paid to quality. One would find by purchasing at random good specimens of spurious or adulterated drugs, as good as bought in this market anywhere.

Number three is owned by a practicing physician, and carried on by the help of a medical student. His stock is not very large, and may be of better quality; his shelves are filled out with all the quack medicines of the day. The doctor usually wishes to know, when a prescription is brought in, who made it and what it is for, and is not usually sparing of his advice of how it should be used, or for what it might be substituted, and tells his boy what may be put in in place of some article that is not in his stock.

Number four is owned by a foreigner who pretends to have a very superior knowledge of the business. He imports all his medicines direct from Germany; he looks down with contempt on the presciptions of American physicians, and always has the exact article called for, although the name on the package or bottle may be something else. 'Only druggists who have served their time in the old country know the names of drugs." He makes frequent prescriptions for all who ask him, and gives much gratuitous advice. A doubt has arisen among some of us whether this man has ever before been anything but a "saloon-keeper."

There is one thing in which they all agree —in their charges. For a simple wash of plumb acet. of ℥ij., 50 cents; for a cough mixture of three ingredients, $1.00; for any

prescription, from 50c. to $2.00, according to size or ability of the purchaser. A man comes to me with inflamed conjunctiva: he has had a bit of saw-dust in his eye. I examine it carefully, and find that the particle has been washed out; he wants a simple lotion. I prescribe a wash of plumb. act., gr. xx., aquæ dest. ℥ij.; he pays me a dollar for the examination, and then pays from 50 cents to $1.00 for the medicine, and is not quite certain then whether he gets zinc, or lead, or mercury, or neither. A person comes to me with a slight cold: I examine and prescribe a Dover's powder. I do not like to designate which shop he shall go to. Number one does not know what pul. ipecac. et opii co. means, and therefore is just out. Number two thinks it is for an emetic, and the customer thinks not, or the doctor would have told him. Number three is not at hand, and the student thinks customer better wait until the doctor comes. Number four puts it up, but remarks that some of his anti-periodic back-action drops would be much better; the charge is 50 cents.

Mrs. A. has chronic bronchitis. I give a prescription that hits her case better than anything she has had. She gets her bottle refilled at No. 2, who is her neighbor, and praises it; he recommends it to all his customers and makes up a large quantity.

The same prescription goes to No. 3, and I find my friend, the doctor, is using it extensively, but is careful to tell of the happy effect *his* combination has. The assessor claims from No. 4 a physician's fee for license. He claims that he prescribes only proprietary medicines, and is therefore exempt; being, however, pressed by the assessor to take out a physician's license, he then exhibits it as evidence of competency, and practices on all comers who do not require him to go out of his shop. All of them but my friend, the doctor, read all the patent medicine puffs, and retail the medicine and puffs to every one who will buy or listen, besides keeping some choice bitters for the alcoholic thirsty, who wish to keep a quiet conscience.

For those who have not many qualms of conscience, but wish to conform in appearance to the strict Maine law that prevails, all of them keep an assortment of liquors, of poorer quality than is kept in the lowest saloon in town. These are sold in prescription bottles or drank from the graduate measure, as if an extemporaneous prescription. Their stock consists in the poorest kind of whisky flavored with some cheap bitter drug; and disguised whisky, with turpentine and juniper in it, called gin, and colored whisky called brandy, and elderberry juice and whisky called wine, and flavored whisky called rum. Then a mixture of gentian and aloes and red saunders and whisky, sold under the name of Hostetters or Plantation or Red-jacket bitters. If not made up by them it is made by the wholesale liquor seller here or in a neighboring town. These extracts are now becoming a necessity in practice, but it is essential that they be of uniform strength. Some of them have a few of Tilden's, but even these are badly kept, corks left out and exposed to the light. One or two among the number have taken all the worthless herbs found in stock, and made an attempt to concoct them into fluid extracts.

It is not dishonesty altogether that makes them sell these for genuine articles, but because they do not know the difference. The stock of each differs in quality, so that I must make a personal inspection of every thing I may want for a patient if I would be sure of the desired effect. When I know what No. 1 or 2 or 3 may have, it is difficult for me to say to a patient, go to this one, or that one, for your medicine; he may have a credit or confidence in one or the other, and then I make an influential enemy.

If I avail myself of my knowledge of drugs, and fill my pocket-case with medicines of known strength or purity, and then avoid prescriptions as much as possible, each druggist has a large class of friends on whom they use their influence to employ some new comer, or some traveling quack, who sends them a large number of orders. All treat my prescriptions as their property when they come into their hands. They fill and refill them as often as applied to, and if they hear of any good effect from one of them, put it up for any complaining customer that comes in. The prescriptions are filed in a book that lays on the counter open to every one, the prescriber and the patient's name written conspicuously on the prescription.

I know that some of my brothers and competitors, regular and irregular, have a pleasant habit of looking over the files, to see how business is going and who is sick, and that the

druggist shows the book as an advertisement of his business. Prescriptions are not only private property of the physicians, but they are also the private records of the physician In more than one instance I have found confidence betrayed, and secrets known through this open way of keeping prescriptions. I am compelled to be at the expense of a large number of medicines whenever the case is one that I do not care to be made public.

With the physician-druggist there are some more troublesome features than with the others. He has ostensibly retired from practice and announces this, but is careful to retain all the paying families, and never neglects paying calls. He makes his proclamation of having retired from business as an excuse for not attending medical societies, or for not taking or reading the journals. In fact, nearly all the responsibilities of the profession he shirks off, especially the code of ethics, because "he is a druggist, and his store takes up most of his time."

As the result of this state of things numerous accidents have happened which have filled the papers with the articles about druggists' mistakes, and careless doctors.

Number one gave a man a drachm of Turkey opium who called for a dose of Turkey rhubarb. It was taken, and death resulted; another gave five grains of morphine for a five grain dose of quinine; another gave two ounces tr. opil., with ten drops of extract of ginger in it, for a toper's dose of portwine; death resulted. Several children have been sacrificed by these ignorant dispensers of medicines. Every sot in town knows that nights and Sundays, when the other "progenies" are closed that he can get his dram, either plain or disguised, at the drug store. That even at midnight the boys will get up, if he has the money, to fill his bottle or to give him a bottle, labeled with some popular name reputed good for the stomach, or some wine for his wife who expects to be sick!

This is no over-drawn sketch, and would with a change of numbers fit hundreds of places in the State. A motion was made in the American Medical Association to censure physicians who kept and prescribed their own medicines. It was made by some one who did not live in this country, or know of the difficulties village practitioners have to contend with.

This is not a reflection on honorable educated druggists; they are the right arm of the physician, and contribute half to his convenience and success. The relation between them and the physician can be briefly stated. They should keep for the physician the best articles in the market; they should charge customers a fair and reasonable price. It should be dishonorable on the part of both to ask or give a percentage on prescriptions. They should faithfully compound medicines as ordered, and if they discover mistakes, quietly ask for explanation and for rectification. The prescription should not be refilled without the order or consent of the prescriber. The prescriptions should be kept out of sight, as it is a confidential secret that is entrusted to them. To allow the prescriptions to be seen by any one, but the author, is a breach of confidence. They may sell patent medicines, when called for, but they should not be prescribers of patent medicines or of other medicines. They should not sell whisky in any form as a beverage. The physician should write a good, fair hand, and if mistakes are made, be sure he is not to blame before making any remarks.

The troubles that I complain of arise from the low estimate that is put on the trade, making it on a level with the grocer, and often a rival of the saloon-keeper. One great reason for the large number of drug shops in this country is the enactment and enforcement of a prohibitory liquor law. It serves as a cover for selling mean spirits, at a large profit. In some countries the law is rigidly enforced, but in none of them are the drug stores prohibited in one form or another from furnishing the fiery beverage to thirsty souls. The subject calls for legislation. While they are discussing the question of making the prohibitory law more efficient and stringent, would it not be well to take some action on a subject that has to do with the lives and health of the community in the way of the drugs they take, and the poisons vended, as well as the spirits retailed. A slight imputation might be cast on some members of the profession who make prescriptions in aid of these illicit saloons, but it ought not to be mentioned among honorable men.

X. X. X.

A CASE OF COMMINUTED FRACTURE OF THE FEMUR, EXTENDING INTO THE KNEE-JOINT.

By J. S. Buist, M. D.,

Surgeon in Charge of Hospitals at Charleston, South Carolina.

I am induced to make a report of the following case of fracture of the thigh, in consequence of its rarity, and because it presents some features which may be of interest and instruction to the large class of readers who are called upon to treat these grave and serious complicated surgical conditions:

I would remark that the tendency of modern surgery in regard to the treatment of all fractures is to make the confining apparatus as simple as possible, divesting it, as much as it can be, of all the paraphernalia and useless complicated machinery, which, in former years, added so much to the surgeon's "stock on hand," and gave his office the appearance of a large work-shop of intricate collections of screws, movable joints and long, curved, painted boards. Just in proportion as the physiology of the muscular system is understood, the antagonistic action of the various muscles properly comprehended, so you will find that the intelligent and well-informed will discard everything that appertains to mystery and adopts those plans only essential for good in the treatment of fractures. To retain the parts in proper position is the main object, and the simpler the means used for this purpose, combined with essential practical ability, the more will the comfort of the sufferer be ensured, and the more perfect the result. The case under consideration is one of those which illustrate this principle, and my object in reporting is to show that very often in the most complicated cases the simplest means used are the best, and that results justify their application.

Moses Marris, an adult male; æt. 38 years; by occupation a stevedore; on the night of the 4th of December, 1871, fell through the hatchway of a vessel, a distance of about thirty feet. In his fall he met with no obstructions; the force of the shock was expended upon the right side of the body; upon reaching the bottom the patient was rendered insensible. In a short while he was taken up, having recovered his senses; he stated that he fell upon his right knee, directly at the time of the shock, the joint being at or about a right angle, and that he distinctly heard something crack. He was suffering intense pain, and could not bear to be touched. He was a man of sober habits, industrious and temperate. I saw him on the morning of the 5th, at 9 A. M. A casual examination revealed a fracture of the thigh at its lower third, and something more; the leg was shortened about four inches; the knee joint very much enlarged; the patella lying in its natural position but very much elevated; the fore-leg slightly bent upon the thigh; all power and motion in the affected limb lost.

In order to make a complete and satisfactory examination the patient was placed under chloroform, and the following condition found to be the extent of his injury. The right femur was fractured transversely about three inches above the condyles, and points of fracture, separated about one-half inch, the upper end being drawn downward by the action of the muscles, upon the posterior portion of the thigh. The lower end of the femur was split directly in the center, through the continuity of the bone and extending through the condyles into the joint. We thus had three distinct points of fracture, the lower extremity being entirely separated from the upper, and also separated in two distinct points from itself. The capsule of the joint was not ruptured, and the effusion but slight. The bones were widely separated from each other, and in consequence the deformity was great. All the other symptoms incidental to fracture were present, and which the intelligence of your readers does not require me to detail. The various authors on surgery detail but a few of these cases, and your own Gross reports having seen the above condition very seldom. No abrasion of the skin at the point of injury was visible. The fracture was one of simple comminuted complicated character, more remarkable from the fact of the great injury sustained without complete disorganization and destruction. I will not pause to describe the mode and manner of reducing the fracture, but will briefly state the treatment pursued, and call the attention to results obtained.

For the first five days the affected limb was placed upon the double inclined plane and attached firmly to it, a figure-of-eight bandage tightly drawn, extending around the knee joint. At the end of that time the plane was

removed, and the limb extended at full length. All nervous and irritable muscular action had subsided, though the muscles were still strong and active, and the fragments having a tendency to wide displacement. Strong bands of adhesive plaster were placed along the whole extent of the limb, from a point about one inch above the upper fragment and extending in one continuous circuit around the foot, leaving a loop for the insertion of a small piece of soft wood. This was kept in position by a roller bandage extending the whole length of the limb, and circular bands of adhesive plaster placed at intervals. A well-padded curved splint about one foot in length was then placed in the popliteal space and kept in position by a well-applied figure-of-eight bandage. This brought the two longitudinal lower fragments in proper position and kept them there. Extension of the whole limb was accomplished by weights attached to the loop of plaster passing around the foot, counter extension by fixing the shoulders with a strong bandage attached at the back of the bed, in other words, the usual treatment, by weights, as it is termed, and which is now described in all the works upon modern surgery. This was the only form of apparatus used and but once applied. At the end of six weeks the whole was removed. Complete union of the parts had taken place. Gradual friction, use etc., in the course of time restored the paralyzed muscles, and on the 22d day of February 1872, the patient was enabled to move briskly about with rapidly returning functions of the knee-joint. The limb was shortened, by actual measurement, not more than one half an inch. Here, then, we have a case of this complicated character treated we may say with but one single splint, and so situated as to create no discomfort to the patient, and a result satisfactory in the extreme. Formerly the most complicated machinery would have been used, giving trouble, pain and anxiety, and, perhaps, great suffering to the patient, and a result not at all commensurate with the scientific skill displayed.

So simple were the means used and so admirable the results that I have thought best to place them upon record.

I would remark in conclusion that in treatment of fractures of the femur I use entirely the system of weights, with the most uniformerly, satisfactory results, having treated near ten of these fractures in the last four years.

SKIN GRAFTING.

By John Brownrigg, M. D.,
Of Columbus, Mississippi.

I will briefly report two cases successfully treated by this modern surgical method.

Friday, Sept. 29, 1871.—Eugenia B.; white girl; æt 16. Chronic ulcer over lower third of tibia, 2¼ inches in diameter, of three years' duration. I cut a piece of skin from the calf of the leg and divided it into small pieces of the size of half a grain of wheat, and inserted nine pieces into the granulations, five pieces into vertical incisions with a lancet, and four into oblique incisions as in vaccination. The pieces of skin were confined in the vertical incisions by narrow strips of isinglass plaster, and but for that would have come out.

October 8.—Little patches of pellice or thin epidermis visible around some of the pieces of skin.

October 10.—Large patch of skin near center of ulcer plainly visible, two of the central patches having connected, and spreading on one side until a connection is formed with the skin. Ulcer contracting and rapidly improving.

11*th*.—Patch of skin in center increased and thickened. The whole mass of granulations seem to be occupied by a net work of white-looking, organized tissue, but the central mass has assumed the characters of true skin with epidermis, looking like the skin of a young infant. The connection between the new tissue and the margin of the skin at the edge of the ulcer, distinct in three places, and the edge of the skin, which was before everted, drawn down at these points.

18*th*.—The pieces of skin had dropped out, and only two or three had taken root of the nine inserted. This was due to an unhealthy and redundant crop of granulations, except at the middle and upper part of the ulcer. Before grafting, the granulations should be removed by nitrate of silver and dried alum, until a healthy, sensitive surface is obtained; then apply the grafts. The two or three pieces, however, which took root, gradually but slowly covered four-fifths of the ulcer.

November 1.—A small patch still unhealed. At the end of three months the ulcer had entirely healed.

This ulcer followed an exfoliation of the tibia from scrofulous caries, and had resisted all ordinary treatment. Nothing was done after grafting but to keep the ulcer clean and dress it with lard.

CASE II.—Negro man, æt. 60; ulcer over lower third of tibia, about two inches in diameter. Stimulated granulations; then inserted nine grafts, in oblique incisions, as they seemed less disposed to come out. Confined the pieces of skin or grafts by narrow strips of adhesive plaster, and directed him to keep the ulcer clean by streaming a little warm water with castile soap, twice daily, and dress it with lard. The ulcer healed entirely in a few weeks.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW, M. D.

[REPORTED BY DE F. WILLARD, M. D.]

Psoas Abscess.

GENTLEMEN: At my last clinic I presented to you several cases of femoral hernia, and remarked, among other things, that such a tumor was sometimes confounded with others which appear in the same region. Among them I mentioned psoas abscess, and to-day I have a case in illustration of this. You will remember that I told you that such an abscess was always situated to the *outside* of the femoral vessels, while a femoral hernia was almost invariably *inside;* that although it had an impression imparted to it by coughing, yet that it was a more forcible, direct and immediate impulse, and also that it could not be reduced and reproduced by different postures with the ease of a hernia. I do not think that a mistake could be made if proper care was used. In peculiar cases, if there was any doubt, the introduction of a very delicate exploring needle would be perfectly justifiable, since no harm could be done.

Pericæcal and perinephritic abscesses, and even empyemic accumulations sometimes appear in this region, but all have a history which would point to their origin. Aneurisms pulsate, yet you must remember that an abscess may receive an impulse from the femoral artery. Malignant tumors and fibro-sarcomata have also a different history from psoas abscess, which is, as you well know, almost always associated with disease of the vertebræ, and which is usually accompanied by excurvation of the spine. The greatest difficulty in diagnosis arises from the presence of iliac abscess, which may occur either from injury to the muscle itself, or from disease of the bony pelvis. Such an abscess sometimes points above Poupart's ligament, but more frequently follows down the iliacus muscle, or breaks through into this sheath of the psoas, in which case it appears with all the external signs of an ordinary psoas accumulation. Here again the previous history must be considered. I, personally, recall but one case of true acute iliac abscess, and this was occasioned by lifting a heavy weight while in the stooping posture, sufficient fibers of the muscle giving way to give rise to severe symptoms of inflammation with considerable resulting pus.

We have another case of groin tumor waiting outside, and as I now introduce him and exposed the part, you will see that it is a soft, elastic, accuminate swelling, showing heat, redness, pain and all other signs of inflammation and situated to the outside of the femoral artery. It is not therefore a hernia, although I will confirm this diagnosis by asking him to cough. It is not a bubo or enlarged lymphatic gland, for it has not a definite outline. It is not an aneurism, or a malignant growth or a psoas abscess, from reasons which I have before mentioned. Its size is large, while its duration has been but two weeks. Inquiring his occupation. I learn that he is employed in a foundery, and that this portion of his body is frequently subject to pressure and blows. This explanation is sufficient to fix it as a simple abscess in the connective tissue. An exploring needle shows pus, and as I now lay it freely open this liquid pours out, and a poultice followed by a compress and some stimulating injection or ointment will complete the cure.

To return to our original subject, however, let me here introduce two children who have just come in, and whose mothers say that they have spinal trouble. In one of them the disease is of two years' duration, and has an instrument upon its person, which, however, fits so badly that it is worse than useless. The other has progressed but a few months, yet as I press upon the lower dorsal vertebræ, whose spines are quite prominent, there is decided tenderness.

Caries, or Potts' disease of the vertebræ, is a strumous affection consisting essentially of a tuberculous infiltration of the bodies of these bones, followed by breaking down of the substance and the formation of pus which makes its way out upon the back, or more commonly down the sheath of the psoas muscle, to appear below Poupart's ligament, as I have shown you already in the case of the man.

It is essential that you recognize it in its earlier stages, and, therefore, whenever you see that a child stops in the midst of its play, bends forward and rests its elbows upon its knees, and after a few moments resume its sports as before, or when it runs and rests itself frequently over the back of a chair, or after jumping from an inconsiderable height stops and supports itself in this position, or throws itself down peevishly, then I say always strip the child and examine it carefully

for yourself. Do not trust to the word of either the mother or nurse.

It is probable that you will find a few of the spines more prominent than the rest, and that they are also tender. A stream of cold water from a sponge will also cause much pain. You will, moreover, also find that the child experiences some difficulty in assuming the erect posture or in turning upon its side, and upon further inquiry you may learn that it is subject to attacks of colic, a fact easily explained from the spinal irritation.

As the disease progresses there is a stiffness or awkwardness in the movements of the body, and in process of time the characteristic deformity of antero-posterior curvature occurs, from the breaking down and di-integrating of the bodies of the vertebræ, under the superincumbent pressure. These bodies give way so slowly that the cord is but seldom compressed sufficiently to occasion paralysis or other serious symptoms.

The best cure that can occur is the solidification or welding together of these separate masses by new osseous tissue. As the carious bony structure breaks down the resulting pus makes its way toward some point of discharge. If the disease be in the cervical vertebræ, this point may be behind the pharynx or upon the side of the neck, or, rarely, down the chest; if in the dorsal, the pus usually follows down the aorta through the aortic opening in the diaphgram, thence along the iliac vessels, and makes its appearance above Poupart's ligament, or, more rarely, it passes backward through the great sacro-sciatic foramen to appear in the gluteal region. When, however, the umbar vertebræ or the lower dorsal are affected the more common course is the one pursued in this man's case, *i. e*, down the sheath of the psoas muscle, beneath Poupart's ligament, whence it may even extend down the vessels to the knee or even ankle. In some cases, though more rarely, it works its way directly backward, and points in the lumbar region.

You must remember that pus does not always form in caries of the spine; but in true tuberculous cases it is the rule. Remember also that the abscess may appear before the deformity, in which case much care should be used to discover the pain, tenderness, symptoms of spinal irritation, etc. The disease in this man's case has been a chronic one, extending over a period of several years, and for a long time he was treated for "rheumatism of the back," a fact which is well worthy your note, since it is a very common mistake of physicians.

In all cases of continued lameness and stiffness in movement therefore, especially if associated with continuous pain, do not neglect to search for spinal tenderness. In addition to this tenderness this patient complains of great weakness in his back, with inability to maintain the erect posture for any continued portion of time, while his gait is unsteady and uncertain, and he has been steadily losing flesh, a fact which is almost always indicative of serious disease. These symptoms are quite different from neuralgia of the spine, or inflammation of the surrounding ligamentous structures, which are sometimes met with, yet it would not always be easy to distinguish between their first stages. Neuralgia of the spine is a purely nervous and functional disease (analogous to the hysterical knee-joints which have been amputated by unwise surgeons), and can be diagnosed by the small circumscribed area of tenderness not usually larger than the finger's end, and by the peculiar pain which is experienced, as though a sharp instrument was being driven into the vertebra. The absence of deformity or rigidity, especially after a few months, would usually set you right. In these neuralgic cases the patients will often consider themselves confirmed invalids, and imagine that they are the victims of a most serious disease, and, in fact, after a long continuance in the recumbent position they may truly become affected with hysterical paraplegia. Such cases must be treated in a similar manner to other hysterical affections.

But what now shall we do with the patients before us. Imprimis, we remark that our only hope is in securing anchylosis, and in order to do this we must ensure perfect quietude of the parts, which will not only favor union, but also prevent attrition of the roughened bones; an act which must only extend the progress of the disease. If very acute cases with great feebleness of the limbs and staggering gait, it is important to adhere to the old plan of treatment, in the recumbent posture. The patient must be provided with an invalid bed, and there he must lie for weeks and months, keeping the air of the room as cool and pure as possible. Rigidity may be assisted by a corset splint, which shall fit closely to the sides and give equal though gentle pressure. This supine position will be difficult to maintain in children, but it must be rigidly enforced in these acute cases. If possible, the bed frame should be portable, so as to allow of removal into the open air without disturbance of the patient. When small children, this out-door exercise is perfectly feasible and should be always employed.

This is the treatment which we shall order for the first child, giving it at the same time two drops of syr. ferri iodid (as it is two years old)

℞. Tinct. iodinii,
Glycerinæ. aa ʒj. M.

together with fifteen drops of ol. morrhuæ three times in the day may be also daily applied to the seat of tenderness. Milk, beef-tea, meats, good vegetables, salt water bathing with frictions (without raising the body), and *pure air*, for probably ten or twelve months will give sufficient time for ossification to such extent as to permit of the application of an artificial support and the sending of the

patient into the fresh air and warm sunshine.

The greatest difficulty in the confinement will be experienced during the first week, after which time the little one seems to accustom itself to its new life, and may become quite contented. The prone position is the best, since the projecting spine processes are not pressed upon, applications can be more easily applied, spinal congestion is lessened and inflammatory softening thereby diminished.

In the worst cases it is not often proper to permit patients to rise for a year, and often longer, since if this attempt be premature and before complete ossification has occurred, the disease may be awakened with increased vigor, and further deformity ensue.

The apparatus should be constructed by an experienced instrument-maker, and should be accurately adapted; the broad hip band, the uprights, the crutch-heads, and the posterior plate, all being placed so as to give the requisite support. It is not infrequent to find that the hip-band, as in the second case before us, is so poorly fitted that it does not press up the crutch-heads into the arm-pits at all, and consequently the weight of the head and upper extremities is all borne by the spinal column, just as though no instrument were worn. The pressure upon the spinous processes should be but slight, and no great change can be hoped to be accomplished; the great desire must be to prevent further excurvation.

The apparatus should be removed at night, and the parts thoroughly rubbed with alum and whisky.

In many cases when the disease is slow in its course it is not requisite to put the patient to bed, a good apparatus being quite sufficient to effect consolidation. It is only in acute painful cases that such a course is necessary.

When pus collects and the abscess shows itself in whatsoever place it may appear, it is to be allowed to pursue its own course; interference is not required and is positively injurious. In some cases the abscess does not break, but the pus may be gradually absorbed, i. e., the pus is not absorbed as pus, but first undergoes a fatty degeneration. The danger in opening such an abscess, which is usually denominated as "cold," is that violent constitutional symptoms may quickly supervene, and death ensue. These typhoid symptoms and hectic may be accounted for by the fact that the constitution is deteriorated by the long drain (for it is often months in its formation), and also that the pressure being removed from the loops of bloodvessels in each one of the villous processes lining the interior of the walls, more blood is sent to them, thus causing a greater exudation of leucocytes, and a corresponding increase in the amount of pus. The introduction of air has been attempted to be prevented by subcutaneous or valvular punctures, but it usually happens that it will eventually find an entrance, and the train of symptoms set in which finally end in death. I, therefore, never open them until they have actually "pointed," and are just ready to rupture, when it may be advantageously drawn off by drawing aside the skin, entering a knife obliquely. The knife should be dipped in carbolized oil, and a cloth saturated in the same may be held over the part during the operation, or a spray of carbolic acid thrown simultaneously upon it.

The pus should be only partially removed, when the opening should be closed until it again accumulates; then a similar course may be adopted.

This plan I believe to be just as good as opening under water or attaching a gum tube to the trocar and canula, the plan of suction by pump.

The system should be thoroughly prepared for the operation by generous living, tonics and stimulants, and these stimulants should be increased if constitutional symptoms supervene.

In the man's case before us this opening has spontaneously occurred, and he now has a pus discharging sinus, which is greatly reducing his strength. Of course we shall give him every form of supporting treatment, but it will all be of no permanent avail, since he is evidently doomed, at a not far distant day, from the consequent exhaustion.

Medical Societies.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

[PAPER READ BY DR. JOHN BURKE.]

Delirium Tremens.

The paper I am about to read this evening treats of a disease, one, I regret to say, too common in this latitude, viz.: Delirium Tremens or Wine Fever. I shall endeavor to be practical. I may not, perhaps, advance anything new on the subject, but I feel confident of being able to point out a rational method of treatment, and I hope to elicit from the members of this association their views on this very interesting subject.

I was for years following up the various modes of treatment recommended in the books (and their name is legion), with, I must confess, but very little satisfaction to myself. As in cases of hydrophobia people used to say "a little of the hair of the dog that bit him applied to the wound" will cure, so also in cases of delirium tremens they say the cure lies in whisky, and I grieve to say that many, very many doctors, at the present time, agree with them. A short time since I was called to see a patient in delirium tremens, and who was taking, by order of his physician, a wineglassful of brandy, diluted with ice-water, every three hours; when I protested against such

an insane proceeding, the the wife said: "Oh! how doctors differ." So well she might, for if one doctor thinks a wineglassful of brandy every three hours necessary for the recovery of his patient, another thinks that it is the worst possible treatment, what confidence can patients have in the practice of medicine? Hence, it is so important, both for the welfare of our patients, and for our own reputation, that a proper rational method of treatment should be followed in every disease, so that "doctors differ" shall not be a byword and a reproach to our profession.

Many patients will recover under opposite methods of treatment I allow, as they recover under all self-limiting diseases, and delirium tremens is one of these. The recovery of a single patient under a certain treatment is not a proof that the treatment is the best; persons have recovered after being bled in scarlet fever, delirium tremens, and typhus. I was myself bled early in typhus fever twenty-five years ago, and I am here still.

During a practice of many years in this crowded city, how many fine men in all conditions of life have I seen poisoned by the demon of alcohol; the gentleman in broadcloth, the professional and non-professional, the dandy, the bummer in rags, aye, and women also; some men who would not touch brandy under twenty dollars a gallon, and dock loafers who gulp it down at two. I have seen cases where all the various distilled liquors were the cause, as well as ales and wines, and even cider; but, I apprehend, the cider was well tinctured with apple-jack. Of one thing I am pretty well assured, that there is no real case of delirium tremens without alcohol. I have seen cases of nervous excitement and tremor of the muscles caused by the excessive use of tobacco or opium, but these differ very much from delirium tremens; but when you have a case of mania, caused by mental excitement and alcohol combined, it is difficult to tell how much of the disease is caused by the unknown condition of the brain-substance, which we call madness, and the poison of alcohol. It is only by getting clear of the alcohol, and by careful observation afterward, that the degree of real madness can be definitely ascertained. Dr. Jones states, that in all cases of phrenitis, which might be mistaken for mania-a-potu, a notable increase of the phosphates in the urine takes place, whilst in delirium tremens the phosphates are diminished.

The power of resisting the alcoholic poison is great in some and feeble in others. Some men use alcohol even in large quantities day after day, for weeks and months without any serious result, others are poisoned in a short time. I may here put in a word of caution. Some people, especially the weaker sex, drink freely on the sly. They will so cover up their evil habit that even their intimate friends are ignorant of its existence. I have met with many such cases. There is not much use in inquiring about whisky, she herself will stoutly deny it if she be a private drinker and her friends know nothing of it; but perhaps the servant girl may be able to enlighten you. There may be no actual delirium present, but there is fever, a feeble pulse and vomiting; in fact in such a case, most doctors would be disposed to order a little for the stomach's sake. We all know how much good in many cases of debility and obstinate vomiting, champagne and ice will do. I myself have been deceived in such cases and ordered stimulants, but only to make matters worse. Many have died of the direct effects of alcohol poison, and neither physician nor friends suspecting the cause, the death was attributed to some other source. It has often surprised me how private drinkers will stoutly deny that they even taste a drop; yet they are fuddled half their time. You may look in vain for reform as long as they deny the habit. Here, open confession is good for the body if not for the soul, for I never yet met a case where the frank acknowledgement of the habit of private drinking was made to the physician or friends, that it was not followed by a complete abandonment of the custom.

Delirium tremens may attack a person when on the full career of a spree, and again may not appear until some days after he has ceased drinking. In my experience I generally find it attacked the patient a day or two after leaving off drinking, and this has given rise to the idea that stopping the liquor caused the delirium, and hence has arisen the brandy treatment, which has taken hold of some physicians, and upon all patients and their friends.

Alcohol is accumulative in the system, when the blood becomes too full of it the system becomes depressed, and is unable to get rid of the poison as rapidly as it accumulates, hence delirium tremens occurring in the midst of a debauch. But in the majority of cases, before a patient arrives at that point, either his stomach becomes disgusted with the alcohol or the supply is cut off. He would now recover with perhaps some bad feeling, but without delirium tremens, if something else does not supervene.

From the derangement of stomach, and the alchohol, the system is lowered; it is unable to resist sudden changes of temperature; a slight fever, a bronchitis, a pneumonia or erysipelas, or some other acute affection may take hold of him; the secretions are arrested; the alcohol is prevented from passing off either by the lungs, kidneys or skin. It is kept in the system, and delirium tremens arises in consequence. We find, therefore, that the attack is generally preceded by a cold, or some shock to the nervous system, such as a cut, a blow or a fall. One reacts on the other. The system, weakened by alcohol, a slight fever or derangement of the stomach, or an injury supervenes, the power of throwing off the poison is partially or wholly arrested.

It is retained in the system, and that peculiar toxical condition which we call delirium tremens is the result. To these causes, and not to the sudden abandonment of the use of alcohol, do I attribute the disease.

I am disposed to give a great deal of credit to the stomach for the power the system has of resisting alcohol fever and other fevers. Delirium tremens will seldom attack a person when the appetite and digestion are good, and when he follows a laborious business. I have known laborers, when whisky was cheap, rush into a bar-room and swallow down a tumblerful of dilute alcohol before breakfast, the same before dinner, the same before supper, and three or four before bedtime, and thus month after month, and year after year, without producing any visible effect, whilst the liquor dealers and bar-keepers who supplied them sank into premature graves. I attribute this immunity of the laboring classes to their good digestion and elimination, which hard work and open air so materially assist.

It is unnessary for me to describe the patient with delirium tremens; he has been seen so often in high life and low life that his face is familiar enough, but without seeing his face at all I can almost recognize him by the shake of his hand. You will be called, perhaps, to see a patient, and find him dressed and walking up and down the floor, which is often the case when the disease is not complicated; he will salute you good-naturedly by "How are you, doctor? I am quite well; there is nothing the matter with me," though, perhaps, he may not have slept in two nights, nor partaken of any food for several days. Suddenly he will look over your shoulder, and say: "Doctor, who are those fellows behind you?" On being informed that there are no fellows there, he will not contradict you, but say they were there a moment ago, for he saw them. He will then be observed picking something off his clothes, and being asked what he is doing, will answer that he is picking off flies or bugs; he will exclaim that he is annoyed by snakes, or toads, or other creeping things; he will inform you that he has killed last night two bushel basketfulls of snakes and serpents, and that they are not all killed yet. And never will be while the whisky lasts.

In common mild cases the face is pale generally. The eye, in most cases, dull and restless, but in a few bright and glistening. Pulse feeble and soft; hands tremulous. The shake of the hand is peculiar. There is a want of tone in it, so much so that a practiced physician can almost diagnose a case of delirium tremens by the shake of the hand. The tongue is generally coated and always tremulous. There is often vomiting, but the state of the bowels is not worthy of note.

Cases occur when the delirium is furious. Eyes congested, sometimes brilliant; patient difficult to restrain; whereas in ordinary cases they are readily controlled by the voice. There is another variety characterized by intense fear. The patient coils himself up in bed in as small a compass as it is possible for a man to roll himself. His face denotes intense terror. He imagines that somebody is about to slay him, or that a legion of devils are about to drag him away. Some dread, however, is characteristic of all cases of delirium tremens, and it is this imaginary fear which makes careful watching so necessary, for through fear they often kill themselves or somebody else. Further detail of symptoms is hardly necessary, as every case has certain marks, in common, which are readily recognized. Yet every case has certain differences, modified, probably, by the state of the nervous system, or the constitution of the patient, or, it may be, by the quality or kind of whisky he has been imbibing. You will not find in typhus or any other fever two patients affected exactly alike. How then can we expect it in wine fever?

After due reflection I have arrived at the conclusion that delirium tremens is a fever caused by alcohol, whether imbibed in its distilled or fermented form; that the disease is self-limiting. Just as typhus or scarlatina is a poison, non-tangible it is true, but yet as real as alcohol; the blood is poisoned, and after a certain number of days, generally under two weeks, the poison is eliminated and the patient recovers.

Delirium tremens is sometimes complicated with other diseases: pneumonia, bronchitis, erysipelas, congestion of kidneys, injuries, etc., which of course add considerable gravity to the case. I have seen it frequently combined with acute pneumonia and acute nephritis, and in both cases the condition of the patient is exceedingly critical. In the latter especially great reserve must be exercised in giving a prognosis, because death may ensue very suddenly from uremic poisoning. Having commenced treatment of such a case, or changed a prescription a short time before a convulsion comes on, the friends will invariably attribute the fit to the remedy instead of the right cause. Mankind is uncharitable to doctors; "such a one killed John Smith after one dose." They never care to reflect that John Smith was drinking whisky poison for years. John Smith being suddenly taken ill, a doctor is sent for who orders him a dose of castor oil; but if John die before the arrival of the doctor, they will then lay the blame on God Almighty. I must confess I feel somewhat at ease when they blame the Lord, He being so far beyond their reach. People will rarely attribute the death to the right cause, especially if there be whisky in it, unless it should happen to be some poor wretch without friends; then, of course, it is lawful for everybody to cast a stone at him.

It is, therefore, very necessary to be guarded. In every case it is well to tell the friends of the patient that there is danger of

convulsions and sudden death before you commence treatment. A single case will forcibly illustrate this meaning: One night I was called to see a well-formed and vigorous man. He was sitting in his chair; he talked to me on various subjects sensibly enough; but his hands and tongue were quivering, and the snakes were annoying him terribly; about to lie down, he was in the act of removing his vest, when he was seized with a terrible convulsion, which terminated in stertor and death in half an hour. I was glad, indeed, he had not taken any of my medicine, and his friends were reluctantly compelled to attribute his death to the whisky.

Another time I was summoned to attend a woman. I really did not think she was very bad; I had seen dozens of worse cases. I prescribed sulphuric ether and beef-tea; when I called the next morning she was dead; during the night convulsions had come on and death resulted. The friends berated me savagely, said my medicine had killed her, and acted in such a manner that I was glad to escape with a whole skin; although this happened years ago, I suppose they are abusing me yet.

I have seen many deaths where delirium tremens was complicated with pneumonia, erysipelas, or with wounds and injuries. In such cases, be the accompanying sickness ever so slight, I dread the result; still, even in desperate cases, it will not do to abandon all hope.

I had a patient last year, a plethoric gentleman, aged about fifty, and who had been drinking freely for the past thirty years. He was taken ill three days before I saw him; had a chill, followed by fever and pain in the side, and delirium tremens. He had been on a spree two weeks, and had caught a severe cold.

Upon examination I found one lung extensively hepatized and bronchial rales over the chest, great delirium and constant muttering. When spoken to he gave rational answers. His was really a forlorn case. I told his friends how ill he was, and not caring to bear the responsibility alone I advised a consultation. Another doctor, of very extensive practice and a great deal of ability, was called in. We both agreed that his case was well nigh hopeless; but still I held on. Judge our surprise when he was out of bed in two weeks quite well, and is alive to-day. Both of us thought that he had taken his last spree.

I have seen men recover from several attacks of convulsions in delirium tremens; I have attended patients in repeated attacks. People say that the third attack of delirium tremens is surely fatal. I have seen men die in the first seizure, and I have known men to recover after a baker's dozen. It is well, therefore, never to give up hope of the sinking ship, especially if you yourself be standing on dry land.

(*To be continued.*)

Editorial Department.

Periscope.

The Causes of Decay in Teeth.

Dr. C. R. E. Koch has on article on dental caries in the *American Journal of Dental Science*, from which we make the following extracts:

Let us first look at the predisposing causes of caries which may be either hereditary, congenital or accidental.

That children, partaking in a marked degree of the general physique of either of their parents, will have a similarity in shape, structure and arrangement of their parents' teeth, I believe is generally conceeded, and unless this parent has become subject to the ravages of syphilis, or other transmissible constitutional vice, after his or her teeth were formed, or some derangement of the child's own constitution during the formative process has occurred, to alter the transmitting good condition of this parent's teeth, this law holds good. In other words, feeble parents, and those possessing poor teeth, will never find that their progeny have particularly strong teeth; whereas, parents who possess the strongest character of teeth, may fail to transmit these.

By congenital, we do not merely understand those causes which were operative during intra-uterine existence of the child, but also those which are so previous to the eruption or birth of the tooth. This class of predisposing causes is subject to a variety of conditions, chief among which are imperfect nutrition supplied to the mother during pregnancy and lactation, and the child up to puberty, and lack of the assimilation, either through the digestive organs failing to appropriate from the blood the elements required, or the tissues failing to appropriate from the blood the elements essential to them, either in quantity or quality.

Diseased condition of the deciduous teeth may, by interfering with the calcification of the germs of the permanent teeth, leave a baneful influence upon the latter.

Among the accidental causes predisposing to caries, we must count, first, everything that

will give more ready access to the action of the corroding agents; and secondly, everything that will aid in the formation of these agents.

Blows fracturing enamel or dentine, crowded and illy arranged teeth, the presence of supernumerary teeth, sudden thermal changes, as from hot tea to ice water, badly performed dental operations, etc., may be cited as of the first class. Any prolonged general derangement of the system, fevers, indigestion, nervous excitements, carious or otherwise diseased teeth, etc., are instances of the latter class.

Pregnancy is generally followed and accompanied by rapid progress of caries in the teeth. This may be owing to the fact that all the vital energies are engaged in a remote direction, and thus the approach of the caries is not resisted by the formation of the zone of consolidation (of Tomes) or of calcification; or it may be caused by the fact that the secretions in this condition become surcharged with acrid agents. But we know that this end is accomplished—no matter how—and the old maxim, "for every child a tooth," upon examination may not be as preposterous as it may at a first glance appear.

The exciting cause is always of a chemical nature, and is either owing to the presence of acid or alkali, but most generally acid. I must confess never to have found an alkaline reaction in caries when applying a test, but believe that this must have been owing more to an improper procedure on my part than to the actual condition of the caries tested. The variety of caries in which the white, chalky mass remains, and presents the appearance of having lost all its organic particles, certainly would cause one to believe that alkali must have been its cause. Even dilute acids will readily act upon perfectly formed and healthy enamel; but unless the dentine has become exposed, and is of a highly organized description, alkali will not act upon the teeth.

But no matter whether the agent is acid or alkaline, it is either held in solution in the fluids of the mouth, as they are secreted from the salivary glands and mucous membrane, generated by fermentation from the particles of the food in the interstices of the teeth; or it may be introduced as food, or as medicine. Acid eructations from the stomach, as in dyspepsia, often vitiate the fluids of the mouth. Carious cavities in teeth, and the remnants of teeth which have long since passed away, often serve as vessels for fermentation of particles of food. These agents sometimes act primarily upon the enamel, but more generally they penetrate the sulci of the molars and bicuspids, in which the enamel is not perfectly united, or any other fissure or opening, and reaching the dentine, act quite readily.

Before looking at the remedies with which to combat the evil of dental caries, let us briefly consider the consequences it may produce. The immediate result is usually a most severe toothache, resulting frequently in inflammation and suppuration of the pulp; in periostel inflammation, alveolar abscess and loss of the tooth. Facial neuralgia, hemiplegia, and other affections of the nervous system, are often caused by carious teeth. The diseased condition of the teeth prevents proper mastication, and this, together with their foul and decaying matter becoming mingled with the ingesta, is the frequent cause of dyspepsia. Consumption is also said to be incited by the fetor of the inhalations. Deafness and functional difficulties of other distant organs have been ascribed as the result of caries in teeth. Insanity has been cured by the extraction of carious teeth.

Enlargement of Spleen Treated with Hyposulphite of Soda.

Dr. THOMAS HILL, of Danville, Mo., writes to the Louisville *Medical and Surgical Journal*: It having been my fortune monthly to have to treat several cases of enlargement of the spleen, and finding all the methods recommended in the books unsatisfactory, I concluded to try the effect of hyposulphite of soda, and met with such good results that I am induced to send you a report of a few cases for the *Journal*.

CASE I.—K. B., æt. eight months; male. This little child had been having ague and fever almost from his birth; his mother having suffered with them almost through her whole pregnancy. The whole family having ague and fever; living on a low mill-pond, I recommended a removal to a more healthy locality, and put them on quinine and iron; they all soon improved, except the baby. Upon carefully examining it, I detected the presence of a large ague cake, and made the following prescription:

℞. Quinine, gr. viij.
Hyposulph. soda, gr. xvj.
Water, ℥j.
Elix. vitriol, gtts. vj. M.

Sig.—Give a teaspoonful every two hours. A poultice of boarhound to be applied to the spleen. In two days the enlargement had subsided, and by the use of small doses of iodide of iron the child was soon restored to health.

CASE II.—Was an adult male. In this case ten grain doses of hyposulphite of soda, with one grain of quinine every four hours, completed the cure.

An infant seven months of age. Spleen enormously enlarged, with a yellow-jaundiced appearance of skin; chills and fever every other day. I put this child under the same treatment as the first, with an occasional dose of hydrarg. cum. creta, grs. ij., and in four days it was entirely restored.

I would here state, that in the treatment of ague and fever I have repeatedly used the hyposulphite soda, and generally with good results; but for it to act beneficially, I have found that it must be dissolved in plenty of

water, or two ounces of water to ten grains for an adult.

I have treated a good many other cases, but think these examples enough to draw the attention of the profession to the remedy.

Reviews and Book Notices.

NOTES ON BOOKS.

——Dr. JNO. M. WOODWORTH, Supervising Surgeon of the U. S. Marine Hospital, has submitted to the Secretary of the Treasury a comparative statement of the operations of the United States Marine Hospital Service for the six months ending December 31, 1871, and the six months ending December 31, 1870, showing the number of days of hospital relief and the amount of expenditures incurrred for the care and treatment of sick and disabled seamen; also the amount of hospital tax collected during the same periods.

The reduction of expenditures during the six months ending December 31, 1871, over the six months ending December 31, 1870, amounts in the aggregate to over $40,000, which saves 17 per cent. to the fund.

The amount of hospital tax collected during the last six months of 1871 is 10 per cent. greater than the amount collected during the corresponding six months of 1870 under the operation of the same law.

——Commencing with January, the *Dublin Quarterly Journal of Medical Science* has been transformed into a monthly with the name, *The Dublin Journal of Medical Science.*

——The *National Medical Journal*, published at Washington, is still in hot water. The publishers have distributed a circular charging the editors with direliction of duty. So much for having a medical journal, which ought always to be independent, controlled in the interests of science, and under the ægis of responsible, *known* professional gentlemen; instead of this, the creation of a tradesman chiefly employed for extending trade interests and governed with a view to that result.

——Nineteenth Annual Report of the Pennsylvania Training School for Feeble-minded Children, Media, Delaware county, 1872.

——Vivisection. A prize essay, by C. Fleming, Esq., F. R. G. S., F. A. S. L., Veterinary Surgeon, etc. Philadelphia, 1871. Published by the Women's Branch of the Pennsylvania Society for the Prevention of Cruelty to Animals.

BOOK NOTICES.

A Physicians' Counsels to Man in Health and Disease. By Walter C. Taylor, A. M., M. D., etc. Springfield: W. J. Holland & Co. 1872. 1 vol., 8vo., cloth, pp. 399. Sold by subscription.

This work is intended, we presume, chiefly, if not wholly, for popular rather than scientific readers. It is divided into two parts, the one treating of man in health, the other of man in diseased conditions. The former embraces brief notices of the anatomy and physiology of the male, considerations on the history and purposes of marriage, and very complete instructions relating to the hygienic government of the various epochs of life. The second part describes a number of diseases peculiar to the male, arising more or less from the peculiarities of his organization, and contains suggestions for their treatment so far as this can be undertaken by persons of intelligence, without special education in subjects strictly medical.

After a careful examination of the book we have found nothing in it morally or medically objectionable. The author's views are carefully presented, and generally well up to the requirements of modern thought. Much that he writes deserves a far more general diffusion than it has yet received among general readers.

In the preface the author argues in favor of the necessity of a work of this character to counteract the effects of ignorance and deliberate vice, and acknowledges his obligations to Prof. HAMMOND and Dr. ACTON, whose views he closely follows. As the time has gone by when such topics were studiously concealed from the public we commend this as good as any book of the kind we have seen.

——A peripatetic doctor makes his home at New-London, Ct., who goes about from house to house hawking his nostrums. He opens the door and sings out, "Anybody in here got the rheumatism, coughs, colds, neuralgia, heart-disease, or anything else?" When told "no," he responds, "glad of it," bangs the door and moves on.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 6, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE END OF THE DIPLOMA TRADE.

Justice, leaden-footed as she is, has at last overtaken the traders in diplomas. On the 21st of March, in the Pennsylvania Legislature, the Hon. Mr. Randall made the following report from the committee to investigate the fraudulent issue of medical diplomas:

"The undersigned members of the committee appointed pursuant to a resolution of January 24, 1872, to investigate the facts concerning the alleged corrupt issuing of "medical diplomas" by any medical college existing under the laws of this State, beg leave to submit the following report:

"Your committee met on the 31st of January, A. D. 1872, and organized by electing A. M. Martin clerk; and being profoundly impressed with the importance of the subject committed to their charge, have prosecuted what they believe to be a thorough and searching, as well as a fair and impartial, investigation of the charges referred to.

"The sessions of your committee have all been held in public in the cities of Philadelphia and Harrisburg; the proceedings have all been published, and the faculty and trustees of all the institutions have had full liberty to furnish any evidence, either exonerating themselves or implicating others; thus, as your committee believe, adapting every precaution to protect the innocent and neglecting no proper means to expose the guilty.

"The institutions in regard to which inquiry has been made are the University of Pennsylvania, the Jefferson Medical College, the Philadelphia University of Medicine and Surgery, and the Eclectic College of Medicine, all of which are located in the city of Philadelphia.

"In regard to the two first named institutions, the University of Pennsylvania and the Jefferson Medical College, your committee feel bound to report that a full and careful inquiry has developed no cause for suspicion that either the trustees or faculty or any member thereof have in any way been concerned in the unlawful issue of medical diplomas or the improper issue of what are termed "Honorary Degrees." On the contrary, the concurrent and uncontradicted testimony shows conclusively that persons connected with these institutions have, from the commencement of this nefarious traffic in diplomas and degrees, used all proper means both to expose and prevent the same, thus fully justifying the high estimate placed upon these institutions and affording new proof of their just title to public confidence and esteem.

"The other institutions which at present are known by the names of the Eclectic Medical College and the Philadelphia University of Medicine and Surgery, seem to owe their corporate existence to some very complicated and mysterious legislation. The legislative authority under which they seem to act are, first, the act of February 25, 1850, by which the 'Eclectic College' was incorporated, and the act of February 26, 1853, by which the American College of Medicine in Pennsylvania was incorporated. By the act of February 26, 1853, the word 'Eclectic' was stricken out of the act of February 25, 1850, the original act. By the act of February 15, 1860, the American College of Medicine in Pennsylvania and the Eclectic College of Philadelphia were hereafter to be known by the title of the Eclectic College.

"By the act of 1867 the American University of Philadelphia was incorporated, and by the terms of its charter has no power to confer medical degrees except upon persons who have passed through the ordinary clinical course of study. By an act approved March 21, 1865, we have the first appearance of the Philadelphia University of Medicine and Surgery, and this appears to arise from a

merger of the Eclectic Medical College and the American College of Medicine.

"An examination of nine witnesses has convinced your committee that the Philadelphia University of Medicine and Surgery, under the management of Dr. WILLIAM PAYNE and the Eclectic Medical College, under the management of Dr. JOHN BUCHANAN, have for a long time openly engaged in the sale of diplomas to persons who had not attended even a practical collegiate course, and who in many instances were without any medical or scientific attainments whatever.

"It is in evidence that Dr. PAYNE made an agreement for the sale of diplomas, for the consideration of $200, conferring the degrees of M. D. and LL. D. to a person of whom he knew nothing except the name, and that in pursuance of this arrangement said diplomas were regularly made out and signed. The person named in this instance is stated to have been an infant but two years old. It was also proved that Dr. PAYNE entered into an agreement with other parties to furnish diplomas for sale. In many instances there was positive proof that he had issued the diplomas of the Philadelphia University of Medicine and Surgery for a consideration to persons who had never attended any course of instruction, and to others who had only attended a few lectures in the course, and almost invariably without requiring an examination of the person so graduated, or the writing of a thesis.

"In a number of cases witnesses testify to having received meritorious degrees in medicine, without study, examination or even payment. An examination of the books of the Philadelphia University of Medicine and Surgery discloses the fact that many *honorary degrees* from that institution were disposed of for money, the entries stating specifically the amounts paid for such degrees, and the names of the persons to whom they were sold.

"The testimony concerning the illicit traffic in diplomas by the Eclectic College of Medicine, under the management of Dr. JOHN BUCHANAN, developed some most astounding facts connected with the management of this institution. It appears to be notorious that the sale of degrees by this college was carried on openly and systematically. Diplomas from this college, in regular form and signed by the faculty, have been granted to women who could not even tell the location of the college; and there is abundant testimony of the sale of degrees to persons who never attended any of the course or received any medical instruction whatever. One of the faculty testified before the committee that, during the time he filled an important chair in this college, he visited a distant part of the State for the purpose of ascertaining who among the practicing physicians of that locality were without diplomas, with the intention of selling them degrees for whatever sum could be obtained.

"Your committee feel bound to report that this illicit and disgraceful traffic in diplomas by the two colleges above named has brought the medical profession of the State into disrepute, and has done great injury to the character and standing of the University of Pennsylvania and the Jefferson Medical College. Several members of the faculty of the institutions testified that they are constantly in receipt of letters from distant parts of the country and from England, inquiring upon what terms and conditions diplomas could be purchased, and a number of these letters were produced before your committee, copies of which will be found among the notes of testimony herewith submitted.

"It seems to have been the design of those engaged in the nefarious business to create the impression that they really represented the University of Pennsylvania at Philadelphia, and hence their endeavors by frequent legislation to obtain such names as would be likely to be mistaken for it. It is certain from the testimony adduced that both the Eclectic College of Medicine and the Philadelphia University of Medicine and Surgery sold many scholarships to persons who supposed they were purchasing the scholarships of the University of Pennsylvania, and that in no known instance was the error corrected when the student discovered the mistake.

"In view therefore of the clearly established fact that both the Eclectic College of Medicine and the Philadelphia University of Medicine and Surgery have abused the trust confided in them by the Legislature by their several acts of incorporation, by selling their degrees to persons who had not attended the regular course of instruction, or were in any manner entitled to hold diplomas from a chartered

college, and that their existence as incorporated medical institutions, is productive of great disgrace to the medical profession and surgery of the community, respectfully recommend the passage of a law repealing all former laws incorporating said institutions."

Mr. RANDALL supplied the following preamble to the bill repealing the charter of the Eclectic College:

"WHEREAS, It has been ascertained by evidence produced before a committee of the Senate of the Commonwealth of Pennsylvania, that the institution known as the Electic Medical College of Pennsylvania has for some time past been engaged in the unlawful sale and issuing of medical diplomas to persons not qualified to receive the same, in violation of the spirit and terms of its charter, to the great detriment of the public interest, tending to bring the medical institutions of the State into discredit, and endanger the public health by permitting persons utterly unqualified to practice medicine to exhibit diplomas improperly obtained; therefore, etc."

The bill then passed finally by unanimous *viva voce* vote.

Mr. RANDALL also offered the following preamble to the bill repealing the charter of the Philadelphia University of Medicine:

"WHEREAS, It has been ascertained by evidence produced before a committee of the Senate of the Commonwealth of Pennsylvania, that the institution known as the Philadelphia University of Medicine has for some time past been engaged in the unlawful sale and issuing of medical diplomas to persons not qualified to receive the same, in violation of the spirit and terms of its charter, and to the great detriment of the public interest, tending to bring the medical institutions of State into disrepute and endanger the public health by permitting persons unqualified to practice medicine, to exhibit diplomas so improperly obained; therefore, etc."

The bill then passed finally by a unanimous *viva voce* vote.

Mr. RANDALL'S energy and action are most praiseworthy, and deserve recognition from the honest men of all parties. Thus ends, we hope forever (for we do not contemplate the possibility of Gov. GEARY stepping in to avert such just retribution), the disgraceful trade in degrees against which we have so long and so earnestly entered our protest. We did so, though threatened by these villainous institutions, not only with libel suits and all manner of legal trouble, but even, on more than one occasion, with personal violence; we continued doing so when the legitimate institutions of this city, whose duty it was to take active measures to stop this national disgrace, supinely and timorously held back from this duty and rendered no sort of aid to our endeavors, the dean of one not even replying to a communication in which we offered to place in his hands incontestable proof of the sale of medical diplomas. *Suum cuique*, therefore, honor to whom honor is due, for this victory.

THE ILLINOIS MEDICAL AND DRUG BILL.

The State of Illinois has been leading the van of late years in sound and liberal legislation. Her new constitution, her action on the sale of intoxicants and her policy toward education, rightfully claim praise from thinking men.

We now subjoin a copy of a bill for an act to regulate the practice of medicine and surgery and the sale of medicines and drugs in the State, which was recently passed by the Legislature at Springfield.

SECTION 1. *Be it enacted by the people of the State of Illinois, represented in the General Assembly*, That it shall be unlawful for any person who has not graduated at some medical college or school, or who cannot produce a certificate of qualification from some State, county, city or district medical society, composed of not less than six members, and who cannot produce a certificate of good moral character from some court of record in the United States or the territories thereof, to practice medicine or surgery in any of their departments, for reward or compensation, or to attempt to practice either medicine or surgery in any of their departments, or to prescribe medicine or medicines for reward or compensation, within the State of Illinois: *Provided*, this section shall not apply to any person or persons who may be regularly engaged in the

practice of either of the said sciences in any of their departments within this State, on the first day of July, in the year of our Lord one thousand eight hundred and seventy-two.

SEC. 2. It shall be unlawful for any person, who is not a graduate of some college or school of medicine or pharmacy, or who shall not have a certificate of qualification from some State, county, city or district society of physicians or pharmaceutists, to dispense medicines by prescription, for reward or compensation, or to attempt to dispense the same by prescription, without the qualification in this section provided, within this State: *Provided*, the provisions of this section shall not be so construed as to apply to persons who have been regularly engaged in the dispensing of medicines by prescription, within this State, for the space of one year next preceding July first, eighteen hundred and seventy-two.

SEC. 3. All prescriptions for mixing or compounding of medicines by physicians, surgeons or other persons engaged in the practice of medicine or surgery, in this State, shall be written in the English language, in all cases where the same can be done.

§ 4. It shall be unlawful for any person to sell, barter or exchange, or to attempt to sell, barter or exchange, within this State, any compound or patent medicine, until the owner or owners thereof, his or their duly authorized agent, shall have filed in the office of the clerk of the county court of any county in this State, in which such sale, barter or exchange is proposed, a full statement of the ingredients or constituent parts of which such compound or patent medicine is composed, which statement shall be verified by the affidavit of the person filing the same, and shall be made before the clerk of the court in whose office the same is filed, and carefully preserved by such clerk.

§ 5. It shall be the duty of all clerks of this State, with whom any such statement is filed, to immediately record the same in a book to be kept by him for that purpose, for which recording, filing and administering the oath to the person making such affidavit, he shall be entitled to charge and collect a fee of one dollar, and which book shall be deemed a public record at all times when the office is open—to be for the inspection of all persons desirous of examining the same.

§ 6. Any person who shall violate any of the provisions of this act, shall be proceeded against, either by indictment or by information before any court of competent jurisdiction, and upon conviction, shall be fined for the first offense not less than ten dollars nor more than one hundred dollars, and for the second offense not less than fifty dollars nor more than two hundred, and it shall be a part of the sentence that the person convicted shall stand committed until the fine and costs are paid: *Provided*, the provisions of section one of this act shall not be so construed as to apply to persons practicing dentistry.

§ 7. Any person swearing falsely to any statement provided in this act to be verified by affidavit, shall be deemed guilty of perjury, and upon conviction, shall be punished as is now or may hereafter be provided by law for that offense.

§ 8. It is hereby made the duty of all State's attorneys, sheriffs, coroners, constable and peace officers, to see that the provisions of this act are properly enforced within their respective districts.

We believe the general tenor of this bill will be heartily commended by all intelligent and honest members of either avocation which it affects. Especially do the clauses relating to the manufacture and sale of patent medicines meet our unqualified approval. Since the failure of medical associations to take any decided action on the subject, it is high time that legislatures look after the welfare of the people in this respect. Would that other States would speedily follow the example here set!

Notes and Comments.

The New Health Officer of New York.

One of the best appointments ever made by the Executive of a State was the appointment by Gov. HOFFMAN of Dr. S. OAKLEY VANDERPOEL, of Albany, to the position of Health Officer of New York. This is one of the most important offices in the country held by a medical man, and the profession and people of New York and the country are to be congratulated that such an efficient man has been appointed to it.

The following letter has been addressed to

Dr. Vanderpoel by prominent medical men of New York:

NEW YORK, Feb. 28, 1872.

S. O. VANDERPOEL, M. D., Albany.

Dear Sir: We have heard with the greatest satisfaction of your nomination by the Governor as Health Officer of the port of N w York. We regard it as mo-t fortunate, for the credit and interests of all concerned, that the above office should be filled by an incumbent like yourself, fitted by every personal and professional qualification to perform its duties in the best possible manner. Possessing, as you do, the entire confidence and esteem of the profession, your confirmation and acceptance would be received with universal satisfaction.

(Signed) Edward Delafield, M. D.; John T. Metcalfe, M. D.; Isaac E. Taylor, M. D.; T. Gaillard Thomas, M. D.; A. Clark, M. D; W. H. Van Buren, M. D.; Willard Parker, M. D.; Alfred L. Loomis, M. D.; Wm. Detmold, M. D.; T. M. Markoe, M. D.; A. Dubois, M. D.; Austin Flint, M. D.; Charles A. Budd, M. D.; J. C. Dalton, M. D.; John J. Crane, M. D.; H. B. Sands, M.D.; C. Henschel, M. D.; John G. Curtis, M. D.; Edw. Fowler, M. D.; Geo. A. Peters, M. D.; E. R. Peaslee, M. D.; W. H. Draper, M. D.; L. Ranney, M. D.; John O. Stone, M. D.; Gustavus A. Sabine, M. D.; C. F. Heywood, M. D.; Henry D. Noyes, M. D.

Proper Action.

The city council of Altoona, Pa., appointed Drs. FINDLEY and BREHMAN on the city board of health with Dr. ALLEN, a homeopathist. They very properly declined to serve, giving their reasons as follows:

"As members of the medical profession who have subscribed to the code of medical ethics, above quoted from, we are bound by all its *prohibitions*, as well as by its requirements; and in that code it is most emphatically written: 'No one can be considered as a regular practitioner, or a fit associate in consultations, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession.' Now as homopathy is an exclusive dogma, upon which is based, as we believe, an exclusive and most irrational practice, we are positively debarred from all recognition of or consultation with it.

"In saying this, we must not be understood as derogating in the slightest degree or manner from Dr. ALLEN, as an honorable man or good citizen. Aside from homopathy, he has our respect and esteem. But as a homopathist we can have no consultation with him. There is no common ground on which we can meet. And this is not our fault. Our code of ethics was matured long before homopathy was born. Being the willing victims of a medical schism, which ignores medical philosophy, medical science and medical reason, homopathists cannot complain if, like all other schismatics, they forfeit the rights and privileges of the profession from which they separated."

Premature.

In one of the stories which is appearing as a serial in a periodical published in New York, the heroine describes herself as having been chloroformed by burglars thirty years ago. This must have been in 1841, more than six years before chloroform was first used as an anæsthetic in a Scotch hospital. We may add that neither before nor since have any heroines except "willing victims" been overcome by this means.

Big Babies.

Dr. SIGWORTH, of Vanderbilt, Iowa, writes us:

"In the February 24th number of the MEDICAL AND SURGICAL REPORTER are cases reported by Dr. CRAMPTON of plural births, weight, etc.

"In reading it and seeing the combined weight of the children, I am reminded of two extraordinary cases of large births in my practice here on the Iowa prairies.

"Mrs. C., Irish; husband Bohemian; October 5, 1869, sixth labor, son; weight when dressed sixteen pounds. January 18, 1872, seventh labor; son, fifteen pounds. In labor each time between two and three hours."

The Blood in Syphilis and Small-Pox.

The appearances which Dr. LOSTORFER claims to have found in the blood of syphilitic patients are described as small shining bodies, from the surface of which projections are occasionally visible. They increase in numbers by a process of sprouting or proliferation. Other bodies are thus formed, which in turn send off sprouts, which separate and pursue an independent existence.

In small-pox bacteria have been found in the blood immediately around the pock, and Dr. NEUKOMM, of Zurich, has discovered peculiar large crystallized bodies, the nature of which he has not yet determined.

There are other diseases, as scarlatina and erysipelas, in which the blood is said to present some similar anomalous characters. We are pleased to learn that several students in this country are devoting earnest attention to the subject.

——The cultivation of the poppy in France is steadily increasing, and it now occupies about 50,000 acres, of the value of 4,500,000 francs, yielding opium to the value of 2,000,000 francs per year. Different samples of opium, raised in various parts of Europe, yielded from 8 to 13 per cent. of morphine.

Correspondence.

DOMESTIC.

Treatment of True Croup by Inhalation of Glycerine Myrrh and Carbolic Acid.

EDS. MED. AND SURG. REPORTER:

My brother, aged three years, was taken with true croup, having the peculiar cough, *croupal cough*, accompanied by sonorous or stridulous breathing. He had slight fever and flushed face for a week before the above symptoms set in; having no catarrhal symptoms whatever. The usual treatment employed in this disease was applied, but without any benefit. Having lost a case the week previous I determined to try some other treatment on this case. I ordered the following treatment:

℞. Glycerine,
Tinct. myrrh, aa. ʒijss.
Carbolic acid, grs. ij.
M

To be applied every six hours, through the complete steam atomizer.

It was applied for the first twenty-four hours with but very little relief to the patient, when I ordered it to be applied every hour for five or ten minutes at a time. When the third application had been made the cough became more free and moist. The applications were made every hour for fifteen hours, when there was free secretion from the nose, with expectorations of mucus and purulent matter. Recovery from the disease is the result of the above treatment. I have used the same treatment in scarlatina anginosa and diphtheria with good success, reducing the inflammation and cooling the parts. The effect of the medicine is supposed to increase the secretions of the mucous membrane and reduce tumefaction. Whether there is anything in this as a treatment for true croup is to be determined by further trial. Hoping to hear from some one I am yours with respect.

N. M. MEAK, M. D.

Catlinsburg, Pa., March 18, 1872.

Explanation Concerning Gynæcology.

EDS. MED. AND SURG. REPORTER:

In the REPORTER of February 10th, No. 781, I read a communication from one Dr. BAHNSON, in which he makes a terrific onslaught upon another correspondent, "Medicus" by name. It being probable that "Medicus" is entirely annihilated, I "rise to explain."

That the science of gynæcology merits attentive study by every practitioner of medicine, I presume every sane man will readily admit; but that it is necessary to run rabid upon the subject, at the least intimation of doubt in respect to any of all its boastful achievements and success, I certainly should not admit. I presume it has been the province of your assailed correspondent, as it has been mine, to witness the indiscriminate use of the speculum and cauterization. I think it is this that he cries out against, and not the removal of polypi. I venture he would say "good fellow, Dr. BAHNSON, go on, remove more." But it is in regard to those knights of the speculum and caustic, in whose vivid imagination about one-half of their female patients are seriously afflicted with ulceration of the os or cervix uteri, or other uterine malady, that he would cry "hold, consider!" They insist upon a digital or specular examination, because it is *necessary*, of course. They thank God they never examined a woman thus unless it was *very necessary*, oh no! I know a case in which the use of the speculum was attempted in a girl fifteen years of age for alleged ulceration. The evidence of her virtue was of a most decided character, and after considerable futile manipulation the pain, hemorrhage and shock were so severe that the "*celebrated*" was fain to desist. The result was, a brother practitioner had a patient for some weeks.

It has been my fortune to treat a goodly number of cases from the hands of these same specialists, who after months of suffering had left them in disgust. In the most of these, appropriate constitutional treatment was quickly successful in restoring them to health. And now I unhesitatingly assert that nine tenths of the cases that are treated by cauterization throughout the country may be cured just as quickly without this humiliating method of treatment. But to illustrate this boasted superior knowledge and skill, I mention a case: Mrs. S after over four months *special manipulation* and cauterization, found herself bed fast, and dismissed her skillful attendant; and I was called. With some difficulty I replaced an enlarged and badly retroverted uterus, and after the introduction of a double lever supporter, she almost immediately arose from her bed, and after wearing the instrument a short time, it was removed and she is a well woman now. But on the point of *knowledge* and *cleverness*, I notice one more case.

Mrs. M., after years of suffering, was recom-

Year.	Deaths.	Year.	Deaths.
1808	145	1852	427
1823	160	1855	275
1824	325	1856	390
1834	195	1861	758
1841	259	1862	264
1845	190	1864	260
1846	251	1865	524
1851	216	1871	1879

The mortality during the year 1871, from small-pox, was the highest that ever has been reached in this city—2·78 deaths in every 1,000 persons living; in the year 1824 the deaths amounted to 325, or 2.37 deaths in every 1,000 persons living.

——On Thursday a Baltimore jury, in the case of a man accused of attempt to extort money, returned a verdict, "Not guilty, by reason of insanity at the time, but sane at the present time!"

Medical Patents.

List of patents issued from the United States Patent Office to Medical Inventors, for the week ending March 19, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:

Medical Compound for skin diseases.—F. W. A. Bergengren, Stockholm, Sweden.

Medical Compound or Rheumatic Liniment.—J. M. Cantrell, Polk county, Oregon.

Medical Compound or Salve.—N. Lauer, Dansville, New York.

Epidemic Icterus in Paris.

Paris this winter has been suffering from epidemic of jaundice. Dr. DECAISNE described it recently before the *Académie de Médecine*. It attacked persons in all conditions of life and health, and no local or general cause could be discovered. The characteristic yellowness extended even to the *velum pendulum palati*. The oldest physician could not recall a similar epidemic. Fortunately, the results were usually favorable under a strict diet, and free use of cream-of-tartar lemonade.

Cholera.

It is said that cholera has reappeared on the Baltic in the seaport town of Revel. The most stringent and prompt measures should be taken to prevent its march westward. In Galicia it has been raging all winter, producing a fearful mortality. In Mecca and Medina, and along the coast of the Red Sea, it is also destroying great numbers.

——The Berlin medical papers are highly amused at a statement in the New York *Medical Record* to the effect that Professor VIRCHOW proposes to emigrate to London to obtain political freedom. The professor first learned his intention from that energetic periodical. But some papers are determined to have the first news.

——In Vienna, on the last week of February, an international conference was held to devise measures to prevent the introduction of the rinderpest.

QUERIES AND REPLIES.

Dr. A. H. H., of Ohio.—The pretended professor is an impostor, and the institution he represents is notoriously dishonest and contemptible.

Animal Fats.

Dr. E., of Ills.—"*Query*—What is the difference between the chemical composition of hog's lard, the fat of beef and mutton, and fish oils, and oils of vegetables?"

Reply—It is impossible for us to enter into a question of this magnitude at all minutely. In a general way we may say that the animal fats differ chiefly in the relative amounts of the fatty basis they contain: they differ both among themselves in the fatty acids united to the bases. These are numerous, though most of them are homologous compounds of the series $C_n H_n O_4$. But we must refer the inquirer to the recent works on organic chemistry for any adequate exposition of the recondite study of fats, premising him that it is by no means light reading.

Medical Fine Art.

Messrs. Eds.—I am collecting medical pictures, and would like to have *any kind of a copy* of West's "Christ Healing the Sick" Any information will be very gratifying.

Washington, D. C. R. V. AULICK, M. D.

OBITUARY.

JONATHAN LETTERMAN, M. D.

Dr. JONATHAN LETTERMAN died in San Francisco on Monday, March 18th. He was a native of Canonsburg, Washington co., Pa., graduated at Jefferson College in that place in 1845, and also at the Jefferson Medical School in Philadelphia, three years afterward. Shortly after his graduation as an M. D. he was appointed a surgeon in the United States army, and was ordered to New Mexico, where he remained several years. At the outbreak of the rebellion he was stationed in Washington, D. C. In June, 1862, immediately after the seven days' fight from the Chickahominy to the James he became Medical Director of the Army of the Potomac. In this position he rendered distinguished services, and was really the organizer of the "Ambulance System," which gave such effective aid to the sick and wounded, and which has been so generally copied in the armies of Europe.

MARRIED.

ANDERSON—BROWN.—By Rev. W. W. Woodend, D. D., assisted by Revs. W. J. Bohman, McN. Forsythe and A. Donaldson, D. D., at "Riverside Home," Saltsburg, Pa., March 14th, Rev Thos. B. Anderson and Miss Lida A., daughter of Dr. T. H. Brown.

DIED.

DICKSON.—In this city, March 31st, in the 74th year of his age, Prof. Samuel Henry Dickson, M. D., formerly of Charleston, S. C.

Dr. Dickson has for many years held the position of Professor of Theory and Practice of Medicine in the Jefferson Medical College.

EVANS.—In Memphis, Tenn., on February 23d, in the firm hope of a blessed immortality, Dr. James S. Evans, of Indian Bay, Arkansas.

FORD.—Dr. Joseph Ford, of Cave Spring, Ga., was crushed to death instantly by a railway car at Rome, Ga. on the 11th of March.

GREGORY.—Dr. Samuel Gregory, the founder of the New England Female Medical College, Boston, died March 23d. He was born in Guilford, Conn, and devoted his life to the education of women in certain branches of the Medical profession.

HAGEMAN.—At Nyack, N. Y., March 28th, Luke V. Hageman, M. D.

NORDMANN.—In this city, March 25th, of erysipelas, Louis E. Nordmann, M. D., aged 57 years.

REYNOLDS.—In New York, March 26th, Josephine Van Beuren, wife of Dr. James B. Reynolds and daughter of Col. M. M. Van Beuren.

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ORIGINAL DEPARTMENT.

Communications.

ON CHOREA.

By George Huntington, M. D.,
Of Pomeroy, Ohio.

Essay read before the Meigs and Mason Academy of Medicine at Middleport, Ohio, February 15, 1872

Chorea is essentially a disease of the nervous system. The name "chorea" is given to the disease on account of the *dancing* propensities of those who are affected by it, and it is a very appropriate designation. The disease, as it is commonly seen, is by no means a dangerous or serious affection, however distressing it may be to the one suffering from it, or to his friends. Its most marked and characteristic feature is a clonic spasm affecting the voluntary muscles. There is no loss of sense or of volition attending these contractions, as there is in epilepsy; the will is there, but its power to perform is deficient, the desired movements are after a manner performed, but there seems to exist some hidden power, something that is playing tricks, as it were, upon the will, and in a measure thwarting and perverting its designs; and after the will has ceased to exert its power in any given direction, taking things into its own hands, and keeping the poor victim in a continual jigger as long as he remains awake, generally, though not always, granting a respite during sleep. The disease commonly begins by slight twitchings in the muscles of the face, w ich gradually increase in violence and variety. The eyelids are kept winking, the brows are corrugated, and then elevated, the nose is screwed first to the one side and then to the other, and the mouth is drawn in various directions, giving the patient the most ludicrous appearance imaginable. The upper extremities may be the first affected, or both simultaneously. All the voluntary muscles are liable to be affected, those of the face rarely being exempted.

If the patient attempt to protrude the tongue it is accomplished with a great deal of difficulty and uncertainty. The hands are kept rolling—first the palms upward, and then the backs. The shoulders are shrugged, and the feet and legs kept in perpetual motion; the toes are turned in, and then everted; one foot is thrown across the other, and then suddenly withdrawn, and, in short, every conceivable attitude and expression is assumed, and so varied and irregular are the motions gone through with, that a complete description of them would be impossible. Sometimes the muscles of the lower extremities are not affected, and I believe they never are *alone* involved. In cases of death from chorea, all the muscles of the body seem to have been affected, and the time required for recovery and degree of success in treatment seem to depend greatly upon the amount of muscular involvement. Romberg refers to two cases in which the muscles of *respiration were affected*.

The disease is generally confined to childhood, being most frequent between the ages of eight and fourteen years, and occurring oftener in girls than in boys. Dufosse and Rufz refer to 429 cases; 130 occurring in boys and 299 in girls. Watson mentions a collection of 1,029 cases, of whom 733 were *females*, giving a proportion of nearly 5 to 2. Dr. Watson also remarks upon the disease being most frequent among children of *dark* complexion, while the two authorities just alluded to, Dufosse and Rufz, give as their opinion that it is most frequent in children of *light* hair. In every case visiting the clinics

at the College of Physicians and Surgeons of New York, and of which I have the notes, the subjects were of *dark* complexion. Temperature is said to exert an influence over the disease, it being according to some authors, most frequent during the winter months, and scarcely known in the tropics. Its mean duration is from thirty to sixty days, and although it is chiefly confined to children is not entirely so. *Spontaneous* terminations frequently occur upon the establishment of the menses in girls and of puberty in boys. There appears to be in certain cases of unusual severity or long continuance a degree of fatuity established, but it is usually recovered from upon the subsidence of the disease.

According to RILLIET and BARTHEZ, as quoted by Dr. CONDIE in his work on diseases of children: "Patients laboring under chorea, being attacked by measles, scarlatina, variola, or other acute febrile disease of childhood, the chorea will generally be diminished in intensity or entirely removed."

They state that "out of nineteen cases nine were attacked with other diseases, and *eight* were evidently influenced by them." M. RUFZ, denies that concurrent diseases exert any influence upon the severity or duration of chorea. There is generally constipation with disordered stomach and appetite, it sometimes being defective and at others ravenous. Pain is not a common attendant upon the disease, although headache may frequently be present and sometimes tenderness along the course of the spinal cord, which is increased by pressure. "Epilepsy and hemiplegia," remarks Dr. CONDIE, "are not uncommon results of chorea," and in many cases falling under his notice the patients had died of tubercular meningitis. Dr. TODD states that "*paralysis* of a limb which has been affected by chorea is not uncommon." He also states that the sounds of the heart are often changed in chorea; a bellows sound is frequently observed, and is either aortic, systolic, dependent upon anemia, or much more frequently mitral, systolic or regurgitant.

Rheumatism and rheumatic pericarditis, have been shown by Dr. COPLAND to be frequent accompaniments to chorea. M. LEE, BEGBEI, NAIRN, KIRKES, TROUSSEAU, and others point out its frequent occurrence in connection with pericardial inflammation, and internal and external rheumatism. TROUSSEAU says that examinations into the condition of the heart, and inquiry as regards rheumatism, should *always* be instituted.

As regards the *pathology* of chorea, very little satisfactory information has been gained, and indeed in a large number of persons who have died of chorea, and upon whom autopsies have been performed, in the hope of illuminating this dark subject, no morbid changes have been found of a nature to lead to the supposition that they were in any way connected with the disease, while lesions discovered in others, such as inflammation of portions of the brain, turgescence of its vessels, with effusion of serum; hypertrophy and injection of the brain and spinal cord; turgescence of the vessels of the brain and spinal cord, with several bony plates half way up the spine upon the piamater; a concretion in the left hemisphere of the brain; a tumor pressing upon the tubercular quadrigemina, with inflammation and sanguineous effusion; ecchymosis of the membranes, and a pulpy condition of the spinal cord, and an abscess within the cerebellum, as reported by CLUTTERBUCK, SERRS, COX, PATTERSON, ROSER, WILLAN, COPLAND, MONAD, HUTTEN, BRIGHT, BROWN, KEIR and SCHRODE, these might, I say, have exerted and doubtless *did* exert powerful influences over the cases in which they occurred.

The most probable theory, and one which I believe is most generally accepted at the present day is, that the disease depends upon some *functional* derangement in the cerebellum. Modern physiologists pretty generally agree upon the opinion first advanced by FLOURENS, that the function of the cerebellum is to direct, govern and coördinate the movements of the muscular system. This being the case, then, the irregular ungoverned movements of the muscles in chorea would most decidedly and emphatically point to the cerebellum as the seat of the difficulty. Undoubtedly, the abcess of the cerebellum discovered by SCHRODE was the exciting cause in that instance. But even if we take it for granted that we have discovered the *sedes morbi* we are still left in ignorance in regard to the *nature* of the derangement. And here we must leave the interesting subject of the pathology of this disease, and trust that the science, which has accomplished such wonders, through the never-tiring devotion of its votaries, may yet "overturn and overturn, and

overturn it," until it is laid open to the light of day.

The causes predisposing to chorea are various: Improper and indigestible articles of diet, confinement in illy ventilated apartments, with want of proper exercise; disordered digestion, etc. While the *exciting* causes are irritation from dentition, irritation in the stomach and alimentary canal; by worms, retained fæces, etc., anger, fright, rheumatism and injuries to the head. It is, also, singular as it appears, sometimes the result of *imitation*.

Some authors mention the disease as occurring epidemically in schools, and in one instance among a religious sect in Kentucky and Tennessee. The disease sometimes assumes a character different from ordinary chorea, and a number of cases of this kind are alluded to by WATSON. Some keep beating measured time as if they were marching to music, others are seized with an irresistible propensity to roll over and over; others to stand on their heads, others to walk forward or backward, sometimes rapidly and in one direction, until exhausted or checked by some obstacle.

The treatment of chorea now most generally adopted is by purgatives, tonics, counter-irritants, and anti-spasmodics. The first indication is, if possible, to remove the *exciting cause*, and *it* will probably be different in each individual case. Bleeding used to be employed, and it is said with good results, but it is rarely used at present, except in cases when there is much pain in the head, or along the spine, when it may be taken moderately by cups or leeches.

Purgatives should be used to unload the intestines, and the bowels should be kept open, and in a condition as near normal as possible, not allowing a day to pass without a full and free evacuation. In the early stages the mild cathartics may be employed, as the fluid extract taraxacum and senna, calomel combined with rhubarb or jalap, and followed by castor oil.

The pil. comp. cath., or ol. ric., may be required when constipation is resisting, and the bowels are in a torpid state. Spts. turpentine is highly recommended by some, either by itself, or in combination with castor oil, tr. senna, etc.

Tartarized antimony has been recommended by some in as large doses as can be borne by the stomach.

In the *British and Foreign Medical and Surgical Review* for January, 1858, two cases are reported as being successfully treated by it. In the first case the chorea had lasted a month and was increasing in intensity. Large doses of tart. emetic were given on two successive days, and thirty hours after its first administration, all choreic movements had ceased. The chorea reappeared under a severe fit of passion, but again yielded to tartar emetic. In the second case the chorea was at first *general*, but immediately became *partial*. It resisted tonic and other treatment for six months, but yielded to tartar emetic in twenty-eight hours. Counter-irritation is often employed, either by blisters along the spine, pustulation by croton oil, or by friction with tartar emetic ointment, this last method being considered by some good authorities as preferable. The most essential part of the treatment consists in the administration of tonics, nearly all of which, both vegetable and mineral are found serviceable. Of the vegetable tonics, the best are the different preparations of bark, and the salts of quinia. Of the minerals, the chalybeates, arsenic and zinc, are undoubtedly the most valuable. Iron may be given in form of sesquioxide, proto carbonate or sulphate, and, indeed, will be found useful in any of its forms.

The proto-carbonate of iron, gr. v.–vii., given in syrup, will often be found very useful. The zinci sulph. has a great deal of testimony in its favor; the disease yielding to it when many other medicaments have failed. Its use is generally begun in small doses, say one grain, and gradually increasing a grain at a time until the stomach will bear twelve or fifteen grains. The *effects* produced in individual cases must guide the practitioner, and if one tonic fails, another must be substituted and persevered in as long as any benefit accrues from its use, and so on throughout the whole catalogue, if necessary. Cimicifuga, nux vomica and iodine have been used with marked success by some, and are highly recommended by them. Opium, belladonna, hyoscyamus, stramonium, etc., are often serviceable in quieting muscular action and producing sleep, and the same may be said in favor of chloral hydrate and chloroform, the latter being used in event of failure of the

other remedies. These drugs can be considered, however, only as adjuvants to the tonics. In conjunction with these means the *cold bath* or sea-bathing, plenty of exercise in the open air, and a strict attention to diet will in most cases prove successful.

Electricity applied along the spine has proven in the hands of some a powerful curative agent in chorea. It should never be applied directly to affected parts, as the disease is thereby aggravated, rather than relieved, and it should not be continued after the patient is convalescent. The diet should be nourishing and easy of digestion, the food to consist of such articles as beef extract, milk, eggs, etc., the condition of each patient indicating the kind and quantity of food to be given. Gymnastic exercise is often of much good and is employed by some as the sole means of cure. After recovery care should be taken to remove all exciting causes; the bowels are to be kept free and in a soluble condition, and in short, all irritation to both mind and body are to be removed as far as it is possible to do so.

And now I wish to draw your attention more particularly to a form of the disease which exists, so far as I know, almost exclusively on the east end of Long Island. It is peculiar in itself and seems to obey certain fixed laws. In the first place, let me remark that chorea, as it is commonly known to the profession, and a description of which I have already given, is of exceedingly rare occurrence there. I do not remember a single instance occurring in my father's practice, and I have often heard him say that it was a rare disease and seldom met with by him.

The *hereditary* chorea, as I shall call it, is confined to certain and fortunately a *few* families, and has been transmitted to them, an heirloom from generations away back in the dim past. It is spoken of by those in whose veins the seeds of the disease are known to exist, with a kind of horror, and not at all alluded to except through dire necessity, when it is mentioned as "*that disorder.*" It is attended generally by all the symptoms of common chorea, only in an aggravated degree, hardly ever manifesting itself until *adult* or *middle* life, and then coming on gradually but surely, increasing by degrees, and often occupying years in its development, until the hapless sufferer is but a quivering wreck of his former self.

It is as common and is indeed, I believe, *more* common among *men* than women, while I am not aware that season or complexion has any influence in the matter. There are three marked peculiarities in this disease: 1. Its hereditary nature. 2. A tendency to insanity and suicide. 3. Its manifesting itself as a grave disease only in adult life.

1. Of its hereditary nature. When either or both the parents have shown manifestations of the disease, and more especially when these manifestations have been of a *serious* nature, one or more of the offspring almost invariably suffer from the disease, if they live to adult age. But if by any chance these children go through life *without* it, the thread is broken and the grandchildren and great-grandchildren of the original shakers may rest assured that they are free from the disease. This you will perceive differs from the general laws of so-called hereditary diseases, as for instance in phthisis, or syphilis, when *one* generation may enjoy entire immunity from their dread ravages, and yet in another you find them cropping out in all their hideousness. Unstable and whimsical as the disease may be in *other* respects, in *this* it is firm, it never skips a generation to again manifest itself in another; once having yielded its claims, it never regains them. In all the families, or nearly all in which the choreic taint exists, the nervous temperament greatly preponderates, and in my grandfather's and father's experience, which conjointly cover a period of 78 years, nervous excitement in a marked degree almost invariably attends upon every disease these people may suffer from, although they may not when in *health* be over nervous.

2. The tendency to insanity, and sometimes that form of insanity which leads to suicide, is marked. I know of several instances of suicide of people suffering from this form of chorea, or who belonged to families in which the disease existed. As the disease progresses the mind becomes more or less impaired, in many amounting to insanity, while in others mind and body both gradually fail until death relieves them of their sufferings. At present I know of two married men, whose wives are living, and who are constantly making love to some young lady, not seeming to be aware

that there is any impropriety in it. They are suffering from chorea to such an extent that they can hardly walk, and would be thought, by a stranger, to be intoxicated. They are men of about 50 years of age, but never let an opportunity to flirt with a girl go past unimproved. The effect is ridiculous in the extreme.

3. Its third peculiarity is its coming on, at least as a grave disease, only in adult life. I do not know of a single case that has shown any marked signs of chorea before the age of thirty or forty years, while those who pass the fortieth year *without* symptoms of the disease, are seldom attacked. It begins as an ordinary chorea might begin, by the irregular and spasmodic action of certain muscles, as of the face, arms, etc. These movements gradually increase, when muscles hitherto unaffected take on the spasmodic action, until every muscle in the body becomes affected (excepting the involuntary ones), and the poor patient presents a spectacle which is anything but pleasing to witness. I have never known a recovery, or even an amelioration of symptoms in this form of chorea; when once it begins it clings to the bitter end. No treatment seems to be of any avail, and indeed nowadays its end is so well-known to the sufferer and his friends, that medical advice is seldom sought. It seems at least to be one of the incurables.

Dr. WOOD, in his work on the practice of medicine, mentions the case of a man, in the Pennsylvania Hospital, suffering from aggravated chorea, which resisted *all* treatment. He finally left the hospital uncured. I strongly suspect that this man belonged to one of the families in which hereditary chorea existed. I know nothing of its pathology. I have drawn your attention to this form of chorea Gentlemen, not that I considered it of any great practical importance to you, but merely as a medical curiosity, and as such it may have some interest.

CLINICAL NOTES.

By F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

HÆMATURIA.

This term is of Greek origin, and means voiding of blood urine. There is nothing easier to distinguish than this. Every one can easily detect blood when found in the urine, but the practical question which arises is, whence is it? It may come from the kidneys, ureters, the bladder, prostate gland, and urethra. WATSON (*vide Practical Medicine*, p. 906) says: "Hæmaturia, strictly idiopathic, must be very rare. CULLEN remarks that neither he nor any of his friends had ever met with an instance of it." AITKEN only alludes to it incidentally in connection with albuminuria. WOOD says: "It is by no means common, except as an attendant upon inflammation of some portion of the membrane lining the urinary passages, and even under these circumstances is seldom so considerable as to claim particular attention" EBERLE gives some excellent diagnostic circumstances which will guide us in giving locality to the origin of the blood voided from the bladder. DUNGLISON points out also the principal diagnostic marks to aid us in the study of cases which may come under our notice. BARCLAY, in his work on diagnosis, specifies many points to enable us to determine the origin of blood, but says: "These observations all tend to show that hæmaturia is almost constantly a symptom, though a casual one, of disease in some portion of the urinary apparatus," etc.

The above observations were suggested by phenomena presented in the following cases, which came under my eyes a few months since.

CASE I.—Sept. 13th, 1871. Was called at 9 A. M. to see A. W., a colored woman with perhaps one-quarter Anglo-Saxon blood, aged about 40. Found she had been voiding bloody urine for twenty-four hours previously. Examined some voided just as I entered the house, and found it at least one-half dark-colored blood, but thoroughly mixed. There was a whitish sediment, and a general cloudy or smoky appearance throughout. Could not determine whether there were blood-casts of the uriniferous tubes. Patient complaining of severe pain in the lumbar and pubic regions, with nausea and depressed circulation. Bowels open. Prescribed tr. catechu in ʒss. doses, and directed her to remain quiet in bed. At 3 P. M. called and found she could not empty the bladder, although the desire was very urgent. Catechu had aggravated the nausea. Pulse very small and low. Extremities cool. General feeling of depression and faint on raising in bed.

As there was some resonance in the pubic region on percussion, concluded the bladder was not distended, and accordingly did not

introduce a catheter Left pulv. doveri in six grain doses, to be taken every six hours, and directed her to sit over warm water on attempting to evacuate the bladder. Also, to take a solution of cream tartar and elm bark as an occasional drink. Instructed the attendants to preserve any fluid that should pass from the bladder before my next visit.

14th, 8 A. M.—Feeling some better; passed a quantity of bloody urine at 9 o'clock last night, and, at intervals during the night, some masses of coagula escaped. Just before my arrival she had voided about ℥iss. clear urine in a clean vessel. Pain in the lumbar region much relieved, but there is still depression, with slow pulse, and an inability to sit up; no appetite, and but little thirst; diagnosis: hemorrhage from the kidney or kidneys. To continue cr. tartar to act upon the bowels with pulv. doveri P. R. N.

4 P. M.—Feels some better; but complains of uneasiness and fullness in region of the kidneys, and across the lower part of the abdomen.

No evacuation from the rectum, but urine mixed with blood has passed freely since morning. To continue cr. tartar, and take Dover's powders after bowels move.

15th, 9 A. M.—Slept some during the night. Bowels moved once. Still passing bloody urine, with sediment appearing like mucus. Less dysuria. Some pain in the lumbar and iliac regions. No fever; pulse slow; tongue little coated. To continue cr. tartar, and to take a small Dover's powder, with one half grain acetate lead every three hours. Demulcent drinks and light diet.

16th 9 A. M.—Urine more copious, but still mixed with blood; has passed about a quart since last night; bowels moved freely; still pain in the back, but less in the iliac region. To continue pulv. doveri without acetate of lead if the pain is severe, and continue cr. tartar in small quantities as a diuretic.

17th.—Urine passes clear from blood, none being seen since Tuesday evening. Still depressed, with pain in the loins. Prescribed bromide potassium in eight grain doses every four hours, with tr. cinchona, and to keep quiet. As a drink, water acidulated with cr. tartar.

18th.—Improving and discharged as convalescing. The above case is reported as an instance when blood appears to have been poured out in the kidney and passed off without any constitutional disturbance except a depressed condition, which is generally found in hemorrhage from internal organs.

This woman is the person whose case is described in an article in the REPORTER for January, 29, 1870, as laboring under menorrhagia, and previously suffering from chronic pleuritis. Since that time there has been no return of the uterine troubles, but the left lung has continued diseased and more than half of the organ has become solidified. In one or two other cases of lung affection which resulted from pleuritis, I have found decided disease of the renal organs attended with anasarca.

As stated by writers, as well as from personal experience, hemorrhage from the kidneys is not commonly seen. That my diagnosis was correct is inferred from the fact of pain and fullness in the lumbar region, and in the course of the ureters.

Dysuria was only present from sympathy. The blood was invariably *mixed* with the urine, and with one exception always was present. At the time the urine was found clear it was only in a small quantity, and secreted at an interval between the periods of the blood being poured out. If the source of the blood had been cystic it is hardly to be expected that the urine would have been unmixed with blood in a single instance. One kidney only might have been effected, and the clear urine came from the sound one, and voided before the other had discharged its share.

CASE II.—About the middle of October last I met with a case of hæmaturia in an unmixed African woman of full temperament, in which there were considerable febrile manifestations and more decided indications of active congestion of the kidneys. The hemorrhage was free for a day or two, and subsided as suddenly as it appeared. The woman has not been as well as usual since that time, and complains of pain in the lumbar region. She has been relieved by the use of bromide of potassium with laxatives. In regard to the concurrent existence of chronic pleurisy and renal disease, I have not observed sufficiently to base an opinion. Nor have I seen any such fact noticed by writers.

Since writing the above notes I have found in Braithwaite, part 54, article 24, a paper by

Dr. F. W. PAVY, F. R. S., upon paroxysmal hæmaturia, in which exposure to cold would induce a flow of blood from the kidneys. The writer appears to attribute the phenomena described to causes nearly allied to those causing determination of blood to other organs, and that they may occur periodically or otherwise, according to circumstances.

Dr. HYDE SALTER, in *British Medical Journal*, March 22, 1862, and Braithwaite, part 45, article 41, considers the presence of blood casts as pathognomonic of the renal origin of the blood.

Hæmaturia is sometimes vicarious of the menstruous flow. Mr. GUTHRIE, in *Lancet*, January 31, 1857, and Braithwaite, part 35, article 33, mentions such a case as quoted by Dr. W. R. BASHAM. In the case first described in this article, no abnormality was present in the menstrual function, as, in fact, she was unwell about ten days previous to the flow of blood.

A few days ago (January 25th), I saw both the patients. No. I. has had no renal difficulty since she was discharged, but is a constant sufferer from the thoracic affection. Menses regular. Also have seen No. II. within a few days, and find her complaining of a good deal of uneasiness in the lumbar region, with occasional tinge of blood in the urine. She informs me that for some months the menstrual function has been irregular, the flow less than it should be, with constipation and scanty urinary secretion. In this case I am disposed to consider the abnormal departure as vicarious to the monthly flow. She is young (not 25), of a gross physique, and most intensely African. I shall watch these cases closely and report at some future time their progress. In case I., I am inclined to anticipate albuminuria sooner or later, as an attendant upon the pleuritic affection.

SCHIRRUS OF THE STOMACH.

June 11th, 1871.—Invited by Dr. BOYD, of this city, to visit with him at one of the hotels, Mr. B., æt. about 55; married, and an active business man till six months ago, when he began to feel a pain and uneasiness at the pit of the stomach, which was soon attended with vomiting.

Present condition: emaciated, with an anxious, dejected countenance. Pulse slow, soft, and 65 per minute. Tongue somewhat coated.

At the pit of the stomach is felt a hard tumor, extending downward to the umbilicus; to the right, meeting the liver, and to the left three or four inches beyond the mesial line. A throbbing felt on pressure upon the tumor, giving a sensation of lifting the hand when applied firmly. No dysphagia or pain on swallowing. Vomiting occurs from one to three hours after eating, a dark grumous liquid being dejected, mixed with chyme. Pain not constant, but no freedom from the uneasy sensation. The easiest position in which he could lie was on the right side, with the inferior extremities drawn up; lying on the back, caused disturbance in the circulation.

Concurred in diagnosis with the opinion of Dr. BOYD that the tumor was at the pyloric orifice, and undoubtedly cancerous in its nature. Mr. B. had been sojurning at Montvale Springs, twenty-five miles south from this city, and was on his way home in a town some thirty miles distant. Dr. BOYD had observed the case but two days when I saw him, and had given hydrate chloral in six grain doses every four hours, with lime water and a milk diet. Some relief had been experienced from the chloral, but only palliatives could be advised. Prognosis unfavorable. Mr. B. left for his home next day (12th). During the first week in July following, Dr. BOYD received from the attending physician news of the death of the patient, and also the stomach, which presented the following appearance: Cardiac orifice, normal; pylorus, very much thickened, and having a dark cancerous appearance. The diseased portion occupied quite a proportion of the organ, and in some places the gastric parietes were considerable thickened. A portion of the spleen left upon the stomach looked healthy.

There are some interesting points in diagnosis involved in the study of this case. It was stated that vomiting occurred from 1 to 3 hours after eating. From this it was inferred that no obstruction to the entrance of food or drink existed at the cardiac orifice, but that only when the process of digestion was completed, and the chyme ready to pass through the pylorus, did vomiting occur. The lifting sensation felt on laying the hand upon the stomach was indication of its being raised by every beat of the large artery lying behind.

We were informed that one physician had pronounced the disease to be aneurism of the aorta. Lying upon the side being the most

easy posture, indicated that the relief was from the weight of the enlargement being partially removed from the artery. Schirrus of the stomach and adjacent organs has not been a frequent occurrence in my observations. Many years since I was associated with two others in a *post-mortem* examination, when a man of sixty or seventy had suffered for years with a distressing tumor in the epigastric region. Nearly the whole extent of the stomach was involved. In some points the coat was thickened to nearly an inch, and in others, very much attenuated. In another case, an old gentleman, there was found a thickening of the coats of the duodenum.

The disease had continued many years, and the diagnosis was obscure. A *post-mortem* examination only could reveal the true pathology of the case. Death was caused by a closure of the caliber of the intestine.

I will relate another interesting case which came under my observation about the year 1856. The patient was a man over fifty years of age; native of Scotland, but resident in Illinois for many years. His occupation had been that of contractor on the Illinois and Michigan canal during early manhood, but subsequently retired to a farm. For many years he had been subject to severe attacks of what was considered bilious colic, and had taken large and oft repeated doses of calomel, to relieve the liver. From my first acquaintance with this gentleman, his countenance was pale and of a sallow hue. He was frequently jaundiced, and withal a great sufferer. Not long after coming under my care I removed several hemorrhoidal tumors with the ligature, and otherwise treated him for hepatic and portal derangements. Nothing afforded any permanent relief, and in process of time he succumbed.

On *post-mortem* examination, we found a narrowing of the ductus communis choledochus from thickening of the coats, and upon the hepatic side of the diseased tube, concretions consisting of inspissated bile, which had wholly closed the passage.

There are very many cases like the latter which every practitioner has met, and found difficult of diagnosis and treatment. The occlusion more or less complete, will stop the flow of the biliary secretion, and cause local distress, and constitutional symptoms referable to the liver.

In all painful affections of the epigastric region, especially when the distress is most felt to the right of the mesial line, and paroxymal in its accession, there is reason to suspect closure of the common duct, either from inspissated bile, or a thickening of the tube, which lessens its caliber and retards even the normal amount of secretion.

In such cases it is bad practice to administer agents which will tend to increase the amount of bile, because there is an inability to dispose of what is secreted.

March 1872.

TWO CASES OF OVARIAN NEURALGIA.

By Edward H. Sholl, M. D.,
Of Gainesville, Ala.

In the early part of October, 1871, Justina, a black woman, 22 years of age, youngest child 3 years of age, presented herself for examination and treatment. Her haggard face indicated suffering. Her pain, of a sharp, intense, lancinating paroxysmal character, located in right iliac region, was at times almost unbearable, shooting down the thigh. Little tenderness on pressure, but increased sensibility of the general surface. No defined periodicity; nutrition imperfect; bowels rather constipated; no febrile excitement; access of attack sudden; menstruation regular; no exciting cause noticed; diagnosed as ovarian neuralgia, caused by deficient nutrition; menstruation completed ten days before.

She was ordered twelve grains of muriate of ammonia six times daily, and good diet. Eight days of medication relieved the pain entirely, with great general improvement. Five days after, in passing, I was told she needed my attention. On entering, found her a raving maniac. Attack had come on suddenly in the night before. She was terribly violent, obscene and profane. Had endeavored to tear off her clothing, and kill her child, of whom she was very fond. She imagined herself the Saviour having come to judge the world, and was with difficulty restrained, by four strong men, from committing acts of terrible violence. Having secured her, a grain of morphine was inserted in the arm. In fifteen minutes she became more quiet, her mouth was forced open, and finding the tongue heavily coated, sixty grains of calomel were given. She slept most of the night. Next day the bowels were freely moved, and

the excessive violence of symptoms gave way, and her mania took on more of a melancholic condition. Diet of nourishing character was forced on her. Thirty grains of chloral at night secured sleep; and in the morning, quiet during the day, though but little clearness of intellect till on the sixth day of treatment. On the seventh day the menstrual flow appeared; was copious. With each day's flow the intellect became more clear. It lasted five days, and with its cessation mind was almost entirely restored to its normal standard. She was put at once on iron, and in a short time mind and body were made sound, and so remain till this time.

Nov. 8, 1871.—Was called upon to visit Mrs. A., who had been confined twenty-four days before with her second child. She got up on the fifteenth day. The next day, in passing into an adjoining room, where she remained a few minutes, she became thoroughly chilled. In an hour she was attacked with a violent, agonizing pain in the right ovary; pain so torturing as to elicit loud screams. Her physician, by the use of chloral, mercury, quinine and opiates, gave temporary relief, though there was a malarial taint the quinine failed to relieve, and the only rest was obtained by large doses of the anodynes. I found her at 4 P. M., in a paroxysm of most intense agony; face pallid, wan and haggard; surface in a cold, clammy sweat; pulse feeble and accelerated; slight tenderness on pressure upon the right ovarian region; general exaltation of sensibility of abdominal surface, with a pain described as lancinating and cutting, extending to the right knee; bowels well opened. She was very weak, unable to change her own position. She was ordered

℞. Ammoniæ muriat., gr x.
Potass. bromid., gr. xv.
Fld ext. gelsemini, ♏ xv. M.

every two hours until relieved. Quinine, three grains every three hours, with a decided opiate at 9 P. M., and requested to report in forty-eight hours. At the expiration of that time, the medicine having been pushed as far as could be borne, she was still unrelieved. Although knowing from previous history that it was utterly impossible up to that time for her to retain anything in the shape of a pill upon the stomach, my anxiety to try the iodoform and iron led me to order for her six of Warner's pills daily. In connection with this she was directed to take six drops of the liquid propylamin in aqueous solution every two hours during the day; also a powerful alterative anodyne, as follows:

℞ Fld. ext. gelsimini, ʒijss.
" " colchici,
" " sanguinariæ, aa ʒij.
" " belladonnæ,
" " phytolaccæ, aa ʒj.
" " aconit. rad., ♏ 45. M.

Sig.—Take 18 drops every two hours, or as necessary.

She took two pills immediately on receiving them. Nausea immediately commenced, and violent vomiting ensued, which only became quiet with the ejection of the pills. The other treatment was continued five days, during which time she was never entirely easy, but had some comparatively comfortable hours whenever the anodyne was carried to the extent of producing double vision. I saw that my patient was losing ground; continuous pain was surely sapping life.

She was then ordered

℞. Tinct. ferri chlorid., ♏ vi.
Liq. potass. arsenit., ♏ ij.
Strychniæ sulphat., gr. 1-60. M.

This was given every two hours, night and day. In four days she was almost relieved. In eight days she rose and dressed herself, declared herself well, and has so remained, concluding to my satisfaction the severest case of this class that has ever come under my care.

Medical Societies.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

[PAPER READ BY DR. JOHN BURKE.]

Delirium Tremens.—Continued.

Two things are essential in the treatment of this disease: Constant watching and careful nursing. A patient should not be left alone for a moment. I have seen the sad results of a neglect of this precaution a number of times. One example will suffice. I was summoned one night to see a stout black-smith, who had been drinking freely for about ten days. He was sitting in his room surrounded by his friends, smoking and chatting. In truth, at first sight, nothing appeared to ail him. He told me that he had not slept for two nights; that fellows were going to burn his house and kill him. His pulse was slightly accelerated, tongue clean; on the whole it seemed a mild case, which a few days would restore to health. There was, however, glistening and restlessness about his eyes, or rather a fire in them, I did not like. As I always do, I told his friends to watch him

carefully lest he should hurt himself or somebody else, and ordering some treatment I left. I had not gone three blocks from the house when I heard a voice screaming after me to return, that Grogan had cut his throat. He was bleeding freely from an ugly gash across his windpipe. I arrested the hemorrhage and dressed the wound. After I left, he walked to another room, opened a drawer, took out an old razor, and standing before a looking glass, drew it deliberately across his throat. That night I sent him to the City Hospital, and in three days he was dead. Tell the patient's friends, therefore, that he must be carefully watched; if anything wrong then occurs the fault lies not with you. Exclude rigidly everybody but those who have the immediate care of the patient; let him be kept free from all external and internal stimulants, and, indeed, he should be viewed for the time being as an insane person.

I would stop all alcoholic drinks; this it is a hard thing to do, as people have an idea that if liquor be suddenly cut off the patient will die. They will say that it was not grog that killed him, but the want of it. It is some years since I cut off liquor in these cases, and I can safely say that I have never had occasion to regret it. I grant that it may be necessary once in a while to give a little to an old broken down toper who has perhaps imbibed hogsheads in his day, but as a general rule I am strongly opposed to it. If, however, despite what you say, the friends will insist on a little whisky, order a teaspoonful of brandy to a tumblerful of water: a teaspoonful every three hours, good beef tea or chicken broth, rice and milk, lemonade, bread and milk, carbonic acid water etc., may be given. In some cases the appetite is very good; then they may have beefsteak or mutton chop, but generally the appetite is depraved. Animal broths are best substitutes for whisky, and should be given freely. Next, in regard to drugs, I am sorry to say I have no specific to offer. Delirium tremens being a self-limiting disease, persons have recovered under the most dissimilar modes of treatment. They have been bled and blistered, leeched and cupped, and purged. Opium has been given in heroic doses, both hypodermically and by the stomach, tartar emetic and opium combined, ipecac, the cold water douche, etc. Yet patients have recovered under all the varied treatment. Does not this fact alone prove that the disease is a self-limiting or a self-curing one?

As a general rule, if good sound sleep can be procured, a favorable result is certain to follow, hence the opium treatment was at one time considered the best and most reliable: Watson and others laid down the axiom. "Unless the patient sleeps he dies." Now this, I am free to say, has hurried many a poor fellow out of this world. Opium has been given until it has caused fatal coma. I myself saw a fatal result ensue, where not over two drachms of laudanum were taken during a night. Yet I have seen patients recover when several ounces were taken. It is difficult to tell how much is due to whisky and how much to opium. I have used morphia by the hypodermic syringe, and am afraid of it. I gave one man ¼ gr. one night; he fell into a stupor which I thought would prove fatal. He rested for several hours and got well, but it is a method of treatment I should not recommend. We have no right in such a disease as delirium tremens, when we know that recovery will take place in most cases, to employ such a powerful weapon that cuts both ways. To make opium effectual, it must be given in large doses. I have no faith in small doses, unless to keep the patient amused while nature is performing a cure.

There is no need to be alarmed if the patient does not sleep in a night, or two, or three. He can live many days and nights without sleep. When I came to New York the doctrine was to give opium to the sleeping point. We all swore by Watson. Early training makes such a deep impression that it takes years to throw it aside, and even then some lingering remnants will remain. Even now when I am called to prescribe for a case of delirium tremens, I mechanically commence with opium as a leader. For many years I held on to the opium treatment, for the axiom "Unless he sleeps, he dies," and the reproaches and entreaties of friends who would say, "Oh! doctor, he has not slept in four nights," and, "Doctor, so-and-so ordered John Smith one dose, and he slept," held me fast long after I had seen the evil effects of opium in delirium tremens.

Many recover, no doubt, under the use of opium, but I think more would benefit by the use of beef tea and some bitter infusion, such as gentian or wormwood. I always suffered from anxiety when I left my patient to the nurse with directions to give mixtures containing laudanum or morphia every two or three hours. It was with a deal of trepidation that I inquired in the morning how the patient had passed the night; but I no longer have that dread. It is a great satisfaction to order remedies that cannot do much harm, and are very likely to do a world of good.

In some cases we have obstinate vomiting; here I generally find carbonic acid water in small quantities, ice, and a mustard plaster to the epigastrium give the quickest relief. If the vomiting be too persistent, a stimulating injection, and a small blister on the pit of the stomach, over which a little morphine may be sprinkled when the epidermis is removed, will generally suffice. I formerly gave large doses of calomel; it is a dangerous practice; I have known ten grains to cause profuse salivation; so, therefore, I do not give it now. On first seeing your patient, if the tongue is extensively coated, and breath in a bad condition, two scruples of ipecac to cause free emesis is a good remedy. Formerly in the City Hospital, they treated all their pa-

tients with ipecac, and I believe they had more success with that than with the opium.

Bromide of potassium in large doses is the great remedy now, and it has the advantage, that in fair doses it can do no harm. But in many cases you will be disappointed in its effects. I give it in half-drachm doses every two hours until six drachms are taken. If it does not produce quietude and sleep in that quantity, I always discontinue it. It will in some persons produce very marked quieting effects I have used it extensively and can speak with some degree of experience in its favor. In a bad case, previously mentioned, when pneumonia was complicated with delirium tremens it appeared to act well. When the skin is hot and dry, which it generally will be when there is any complication, I give spiritous mindererі In many cases there will be profuse sweating and great muscular activity, the patient shaking like an aspen. Here I find a quinine mixture with excess of acid do great service. I have also used the tincture of iron, and can speak well of it. I have had good success with quinine given by day, and bromide of potassium at night. Gentian or wormwood may be substituted for the quinine. Pulv. capsicum has been used formerly by Mackintosh. Tincture capsici was employed. I have used the pulv. capsici in twenty-grain doses combined with twenty grains pulv. cinnamon in a little honey every three hours until four doses were taken, with good effect, producing sleep in from twelve to sixteen hours. The medicine is a pretty hot one to take.

There are some patients who will not sleep under any circumstances. Here I have found considerable benefit from another mode of treatment which has been invariably successful in my hands, viz, excessive fatigue. I was called to see a man in January. He was a liquor dealer, and was a strong, powerful man, and had been drinking for some time, and had not slept for three nights. He was sitting in bed praying with all his might; he was sweating profusely and quivering in all his voluntary muscles. I prescribed a purgative, as his tongue was coated and his bowels costive. Then I ordered a drachm of bromide potass. every two hours until he was quieted. Next day he was in the same state. Had not slept a minute. I gave then twenty grains pulv. capsici every three hours in honey. Next day I called. He had not slept, but his appetite was good. He could take plenty of beeftea, etc. He wanted to go to Washington Market, so I told his keeper to dress him up and walk him there, as perhaps it would cause sleep. Accordingly he went out and walked down South Street to the Battery, thence around to Washington Market and home to Henry and Montgomery streets. The man who accompanied him was very much fatigued, and said he would go no more with him, but the patient was as restless as before, and when I called in the evening he was sitting up and chatting with his friends, and no sleep. Now I am opposed to opium in any shape, but at the urgent solicitation of his brother I gave him one grain of morphine at the same time remarking that it would not cause sleep.

Next day I again called. He was up, and had eaten some breakfast, but now the eighth day had arrived, and the man had not yet slept. I now made up my mind to tire him out completely, since neither drugs nor meat nor time would put him to sleep I would again try the walking cure. I directed his brother to get a couple of men, and himself see that everything was carried out faithfully. At ten A. M. the sleepless one and a man left the house and walked to the corner of Fifty-ninth street and Fifth avenue. Another man met him there and walked him to McCoomb's dam, and after resting, walked him back to Fifty-ninth street and Fifth avenue. Then the brother met him and walked him home. Several times he desired to ride, but the men were firm, and carrying out my orders, faithfully, they compelled him to walk. When he arrived home, after walking in all over twenty miles, he was scarcely able to go up-stairs; he was completely used up. He wore a heavy overcoat, and was in a profuse perspiration. They pulled his clothes off, he threw himself into bed, and in a few minutes, was sound asleep. He slept eighteen hours, and awoke completely restored.

This is only one of the many cases in which I have used this remedy during the past few years after trying other measures to procure sleep. This "movement cure," if I may be allowed to use the term in this case, is only adapted to those patients who are strong and vigorous. There are cases of delirium tremens when the patients will be unable to walk across the floor without support, nay not even to leave the bed. If, after trying various remedies for a few days, and still the patient has his eyes open, then give the movement cure a full trial not by walking around a block, but a long walk that will fatigue him thoroughly and sweat the alcohol out of his blood, for I believe that a great deal is due to the exercise of the body, which causes all the secretions to be aroused to greater activity, especially of the skin, the lungs, the kidneys and liver, through which the alcohol poison is thrown off; and this I believe is the only reason why hard-working laboring men can drink so much liquor for years without much visible harm, while those of sedentary habits are so prone to show the ill effects of the poison in a much shorter time. Lastly, with regard to this movement cure, be sure to send reliable men, and caution them not to allow their charge to drink whisky nor to run away. I had a patient once who escaped from his attendant on the street; he was found several days afterward in the Tombs. Tinct. digitalis has been employed in large doses. I have given it as high as two or three drachms, but I did not see any

good effects following its use at that dose, and was afraid to carry it higher.

Chloroform is a good safe remedy in doses from half a teaspoonful to a teaspoonful in water or milk; in many cases it will do much good.

Tinct. lupulin, lavand. co., tinct. valerian, etc., contain too much alcohol. I have used them without advantage. In cases of great prostration I found a mixture of Hoffman's anodyne and sp. ammonia arom., a safe prescription. I have spoken before of one method of treatment, very popular among the people and with many of the faculty. I allude to the whisky treatment. Now I have never yet been afraid to stop whisky in delirium tremens. I have forbidden it in broken down people, and have never seen its sudden arrest do any harm; but there are exceptions to every rule, and there may be cases where the persons are so soaked with alcohol that a little may be used to keep up the action of the heart until other nutriment can be assimilated, but these cases must be very rare. If you cannot overcome the prejudices of the people in favor of giving whisky, temporize by giving it in very small doses, or what is better still say that the remedy you give is given in lieu of whisky.

Lately hydrate of chloral has attained some celebrity as a remedy in this disease. Like all new discoveries which have been successful in some cases, it has been extolled as a panacea for almost all evils. I think its merits have been greatly exaggerated, but I have no doubt in simple cases of delirium tremens, where a hypnotic is required, when the object is to produce quietude and sleep, chloral hydrate will be found of great use, in doses of twenty grains repeated until a drachm or two is taken. It is a pretty safe remedy, but must not be used indiscriminately.

To sum up the treatment of a pure case of delirium tremens, the first object is to attend to his surroundings. See that he is carefully watched; that he cannot hurt himself. Have his food properly cooked, so that it can be readily digested; do not allow his friends or his clerks to annoy him with business matters, to which he is totally incapable of attending, and above all, do not allow any female friends to be condoling with him on his condition or his looks. Such talk aggravates the patient's case, and makes him more restless. Have one or two discreet persons in the room to talk to him, if he wishes to speak, and to attend to his wants when required. Night and day the nurse should be at hand, whether he sleeps or wakes, until reason has assumed control. After this being attended to, order some medicines that you think will suit his particular case, always bearing in mind that powerful drugs are not necessary, and that the old watchword, "unless he sleeps, he dies," is not true. If the stomach requires it, order an emetic of ipecac, to be followed with a laxative of rhubarb and bicarb. soda if the bowels are costive. If the stomach be irritable, carbonic acid water, ice, and a sinapism to the pit of the stomach. Then, to increase the tone of the stomach, give quinine; for nervous irritability, give bromide of potassium in doses from twenty to forty grains every two or three hours; if that fail, try chloroform or chloral hydrate. Do not be disappointed if your patient is not quieted in a day, and tell his friends that delirium tremens is not cured in an hour, and point out the danger of giving large doses of opium, and they will generally be satisfied.

There is a wild state of excitement produced by ale or beer, which occurs in nervous people; they will become highly excited after a few glasses, laughing or crying, talkative or blustering; this is not delirium tremens, it will pass away by morning under an emetic or purge.

Though delirium tremens, when uncomplicated, is a disease that the majority get well under any mode of treatment, it is quite the reverse when it supervenes upon any acute disease. The most common form of complication is pneumonia. I have often seen delirium tremens follow erysipelas and bronchitis, and injuries both slight and grave, and also on acute albuminuria, and I suppose that all acute diseases of drinking men may be followed and sometimes preceded by delirium tremens. A patient will be taken ill with severe chills and fever and pain in his side; next day you will find him with the first stage of pneumonia; in three or four more days you find him in delirium tremens. Again, a patient falls and breaks his leg, perhaps simple fracture. You may do up the leg and tell his friends that he will be well in six weeks; in four or five days he will be attacked with delirium tremens and die in a short time. Or you may be called to a case where the patient is up and dressed: he evidently has delirium tremens; it looks a favorable case, and so you pronounce it. In an hour or so perhaps, after taking a dose of your medicine, he is seized with convulsions, and dies before your next visit. He has acute albuminuria.

I would again advise you in every case, whether complicated or not, to state that there is danger of the patient, for you cannot foretell what may occur. Again when you are called to attend a drinking man with an acute disease, be it ever so simple, inform his friends that he may get delirium tremens before his recovery. It is really surprising how small an accident, even a cut finger, will cause death if followed by delirium tremens.

In delirium tremens, complicated by pneumonia, I treat the latter by sp. mindereri and the oil-silk jacket, dry cups to the side, and if the pain is very acute, hypodermic injection of five to seven drops of Magendie's solution in the arm. For the delirium tremens, the bromide potass. I have seen one of the worst cases of this kind recover under the above treatment with proper nourishment.

In all severe cases, if you have the skin hot and dry, the urine scant and of a dark red color, a mixture of spirits mindererus and sweet spirits nitre, if the stomach will bear it, has a good effect. If the stomach be irritable, the effervescing mixture, viz.: Potass. bicarb. ʒij., syrup simplex. ʒij., aq. purae. ʒiv., a tablespoonful with three tablespoonfuls of cold water and one of lemon juice every hour or two, will be very appropriate. If you discover albumen, employ Rouchettis' hot-air bath; if the case looks urgent cups to the back, and purge with cream of tartar and jalap, if the system will bear it; try by all means to ward off convulsions; use every means to restore the secretions, for danger is nigh.

Erysipelas followed by delirium tremens is treated best by the tincture of iron. From careful observation I have come to the following conclusions:

1st. That delirium tremens is a blood poison produced by alcohol.

2d. That the disease is self-limiting like any other blood poison, that is, the system will throw it off provided it is not overwhelmed by the strength of the poison.

3d. That most cases will commence to get well within ten days, though I have seen cases where the disease was prolonged to three weeks, whether by the doctor's treatment or the force of the disease I cannot state positively.

4th. That the rational treatment is to cease all alcoholic stimulants, and to give in place of them such nutriment as the stomach can easily digest, as animal broths, and in well-regulated quantities.

Careful watching is absolutely essential. The patient should never be alone whether sleeping or waking,

5th. Though we have no antidote to the poison, yet we can, by restoring the secretions, ward off bad symptoms, and help to eliminate the poison from the system by a proper course of remedial means already enumerated. When subsultus tendinum and profuse sweating are the chief features of the disease, quinine and iron are the proper remedies. To allay nervous excitement and cause rest, the choice lies, I think, between bromide potass., chloroform, and chloral hydrate. In some cases, these drugs have a well-marked effect, but in other cases you will be disappointed by them. In some strong, vigorous men, the walking, so as to completely tire out the patient, will produce sleep, but he must be walking until he really is tired, from five to ten miles, if need be, he must be pushed forward until he cries for mercy, to allow him to lie down and sleep.

6th. Opium in small quantity has no effect on the disease. In large doses it is dangerous, if not fatal. Even in large doses it may not cause sleep. We know that the vast majority of delirium tremens patients will get well. We should not, therefore, jeopardize the lives of people, even if we were certain that we could cut short the disease by a day or two.

7th. You should never pronounce too favorably on delirium tremens. Let your prognosis be guarded, for in a day some complication may arise that will alter the whole case.

Editorial Department.

Periscope.

Spontaneous Generation.

On this subject Professor Dalton gives the most recent results in the *New York Medical Journal*. He remarks at the close of th article:

It is by no means certain that the germs of infusoria which appear in boiled solutions may not resist the action of boiling water. It is true that Prof. Wyman has shown, by a series of very thorough experiments, that vibrios and similar infusoria lose their power, both of motion and reproduction, after being boiled from five to thirty minutes. Prof Bastian has even given evidence to show that bacteria and vibrios lose their reproductive properties by being exposed for ten minutes to a temperature of 140°, or 167° Fahr. But it is only the infusoria germs, not the infusoria themselves, which are supposed to preëxist in the atmosphere or the solution; and they may very possibly withstand a temperature which would be fatal to the fully-developed organism. Unless we admit, therefore, that the infusoria in question are sometimes produced in sealed vessels by spontaneous generation, the germs of these minute bodies must possess the singular power of living and reproducing their kind after having been exposed continuously for four hours to the action of boiling water.

But what are the organisms in regard to which this doubt exists?

It is by no means the infusoria, as a class On the contrary, since the time of Ehrenberg, important progress has been made in the study of these animalcules, and our ideas of their structure and classification have been greatly modified.

In the first place the whole group of Rotatoria, including *Rotifer*, *Stephanoceros*, *Floscularia*, and many others, have been entirely removed from the class of infusoria, and assigned to that of worms. Their complexity of organization showed this to be proper; and their mode of reproduction is sufficiently manifest from the fact that living embryos, in process of development, can often be seen in the interior of their bodies.

Secondly, the idea of spontaneous generation has been abandoned for all the Ciliated Infusoria, constituting, at least, nineteen-twentieths of the class, as now understood. This group includes such forms as *Paramecium*, *Colpoda*, *Chlamydodon*, *Ervilia*, *Stylonychia*, *Kerona*, *Oxytricha*, *Urostyla* and *Vorticella*—all those, in fact, which are more or less completely covered with cilia, and which move by the regular vibration of these little appendages. Within the last ten years it has been established, beyond a doubt, that many, any probably all, of these infusoria reproduce their kind by means of eggs, regularly fertilized in the ordinary mode of sexual generation.

Furthermore, the ciliated infusoria are never produced in boiled solutions which have been hermetically sealed or otherwise protected from the access of atmospheric germs. It is always and only the minute and more lowly forms that show themselves under these circumstances. By the almost universal testimony of experimenters on both sides of the question, the only infusoria, in regard to whose mode of generation there remains at present any doubt, belong to four genera, vibrio, spirillum, bacterium, and monas; and of these, bacteria and vibrios are by far the most frequent, and appear with the greatest persistency, in boiled infusions.

Now, these are precisely the smallest and most obscure of living organisms. They stand upon the extreme limits of the microscopic world; and in most instances no internal structure can be distinguished in them, the microscope revealing nothing but their form and motions. They were cited by Ehrenberg thirty years ago as the objects which escaped all satisfactory examination, and he refers them to the same category with those of the heavenly bodies which are indistinct on account of their remoteness.

Another fact of some interest is, that these genera, with one exception, are all now considered by common consent as belonging to the vegetable kingdom. With regard to monas there is a doubt in this respect; but all the vibrioniæ, including vibrios, bacteria and spirilla, are now classed among vegetables, and are regarded as incomplete and transitory forms in the development of certain aquatic fungi. These were also the organisms which were found by Dr. Lemaire, to be most rapidly developed in the moisture condensed by him from atmospheric vapor. "In a single drop," he says, "we counted more than two hundred specimens of bacterium termo"

Thus we find that now, as always, the idea of the spontaneous generation of living beings is confined to organisms of which we know the least. Exactly where our definite knowledge fails, owing either to the minute size or the imperfect organization of these bodies, there commences the obscurity which hangs around their origin. It is very justly said, in support of their spontaneous generation, that, if this mode of production exist at all, it is precisely in the case of the simplest and most imperfect organisms that we should expect it. We might imagine a bacterium or a monad to originate in this way, but not an eagle or an elephant. On the other hand, it is alleged that the imperfect organization of these minute forms is only apparent, and depends on the imperfection in our means of observation. When our microscopes and other aids to investigation have been still further improved, we shall find, it is said, that the bacterium and the vibrio possess an organization of their own, not less essential and complete in its way than that which we now know belongs to the ciliated infusoria. There is every evidence that at least their regular and normal mode of production is from germs disseminated in the atmosphere; and they themselves, as we have already seen, are embryonic or transitional forms in the development of a distinct vegetable growth. They are consequently to be regarded as an integral part of the cryptogamic vegetable organizations; and, notwithstanding the apparent simplicity of their structure, they no doubt, like other plants and animals, have their definite place in the organic world.

Reviews and Book Notices.

NOTES ON BOOKS.

—— The publisher, F. C. Vogel, of Leipzig, has issued a prospectus of the *Deutsche Zeitschrift für Chirurgie*. The editors are Drs. Hueter and Lucke. An able corps of contributors are promised.

——The address of Prof. Noble Young, M. D., delivered on the occasion of laying the corner-stone of the building for the College of Physicians and Surgeons of Wilmington, N. C., Dec. 27th, 1871, is chiefly historical, and contains a large number of interesting facts in American medical history. He is not

always accurate, however, for instance, he says, page 14: "The creation of the first medical society in Massachusetts, in 1782, set the example which has been followed by nearly every state in the Union." Nearly twenty years before that date the physicians of New Jersey had formed the first medical society on the continent.

We have also received the fourteenth annual report of the medical superintendent of the Provincial Hospital for the Insane, Halifax, Nova Scotia.

Report for the meeting for the organization of a Territorial Medical Society, held in Denver, Colorado, Tuesday, Sept. 19, 1871, including the constitution and by-laws adopted by the meeting.

BOOK NOTICES.

Transactions of the Medical Society of the State of New York, for the year 1870. Albany, 1870, pp. 429.

Quite a number of interesting papers are in this volume. The annual address of the President, Dr. JAMES P. WHITE, is on the progress of medicine; this is followed by a very instructive case, reported by Dr. LEWIS A. SAYRE, of luxation of the tendons of the posterior tibial and peroneal muscles of both legs, from stretching or rupture of the annular ligaments, through wearing high heeled gaiters. The patient, a young lady of 19 summers, was utterly unable to walk for four months. Dr. WILLIAM J. ORTON, advances a theory that tuberculosis arises from an excess of phosphorus in the system, and throws doubt therefore on the value of the hypophosphites in that disease. The value of the endoscope in diseases of the female bladder and urethra is illustrated by Dr. ROBT. NEWMAN. Apropos of a case of immense nævus, Dr. GEORGE H. HUBBARD, advocates non-interference in these deformities when of large size. He believes they never destroy life except when the surgeon tries to cure them. Dr. SAMUEL PETERS calls the attention of the profession to the beneficent action of chlorate of potash in all dropsical effusions. He gives a teaspoonful of the saturated solution every four hours with excellent results. Among the surgical articles we may specify two by Dr. E. MOORE, on fractured clavicle and luxation of the ulna; on lethotomy and lethotrity, by Dr. GURDON BUCK; and on malignant tumors of the abdomen, by Dr. FREDERICK HYDE; Dr. C. C. P. CLARK, enters minutely into the management of the obstetrical forceps; Dr. THOMAS M. FLANDRAN describes twelve cases of trichinosis from pork-eating, six of which were fatal. Several interesting biographical sketches are included in the volume.

Third Annual Report of the State Board of Health of Massachusetts, January 1872. pp. 329.

This admirable volume deserves not merely a notice but rather an abridgment for bodily insertion in our pages. We know of no publications in the whole domain of sanitary science in America more careful in collecting facts, judicious in discussing them, and generally creditable to the profession of the United States than the Reports of this Board. They avoid the prejudices that warp many minds, the barren theoretical discussions which fill many volumes, and not least the intolerable fine writing in the style of "annual addresses" which doctors too often induce States and societies put in print. The subjects chosen are of immediate, real, and personal interest, and they are handled in a way to satisfy all truth-loving inquirers—though they will not please all readers by any means, and it would be a pity if they did.

A list of the subjects treated of is all we can give now, but we shall in our editorial columns revert to several of them hereafter. They are: Arsenic in certain green colors; milldams and other water obstructions; the use and abuse of intoxicating drinks (sure to bring down the thunders of the *Evangelist*); the adulterations and impurities of food; proper provision for the insane; the use and abuse of opium; sewing machines and health; slaughtering, bone-boiling and fat-melting; vegetable parasites and the diseases caused by their growth upon man; small-pox in Massachusetts; and health of towns. We must not fail to add that the excellence of this report is largely owing to the chairman of the board, Dr. H. J. BOWDITCH, and its secretary, Dr GEORGE DERBY, who deserve the utmost credit for their labors.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 13, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PHYSICAL VIEW OF EVIL.

The enthusiastic advocate of human progress can certainly see no more positive evidence of it than the late discovery that what our benighted ancestors called *crime* is in fact nothing more than a symptom of disease! And that a truly enlightened philanthropy no longer recognizes the existence of moral evil, other than as a pathological product demanding our active sympathy, not our stern severity.

This beneficent discovery is supported by the reversing of our judgments on historical characters. We have been taught that Pedro the Cruel, of Arragon, was not a vindictive and remorseless tyrant, but a wise, patriotic, though, 'tis true, a somewhat rigorous ruler; FROUDE shows us that Henry VIII. was not an unscrupulous lecher, but a tender husband, austere in morals, and sacrificing his family feelings on the altar of his country; and DE QUINCEY quite excites our compassion for that unfortunate gentleman, the Emperor Nero, who murdered his mother in the most ingenious manner, and burned Rome, while laboring under an access of hereditary disease.

A class who particularly merit our sympathy are the drunkards. Time was when the besotted tippler was supposed to merit severe reprobation, and inde d chastisement. But that was a sort of Pelagian heresy, recognizing salvation through free-will, which we are happily delivered from. A sound view of his case sees in the roystere an example of disease, dipsomania possibly or a subject of some physical malady imperatively demanding stimulants, and rendering it impossible to exert self-control.

Should a drunken brute happen to brain his wife while in his cups, this is but a most sad symptom of his malady. And. generally speaking, it is really becoming quite difficult to distinguish between good and evil; or rather, quite doubtful if any such thing as wickedness, in the ethical sense of the term, is any longer possible.

In the *Transactions of the State Medical Society of California*, Dr. EZRA S. CARR has an article on "The Genesis of Crime," which advocates this agreeable view quite forcibly. He observes:

"When crimes are studied exactly as physical diseases are, with reference to their generation, modifying causes, prevention and cure, we may expect to see the last remnant of barbarism expelled from our statute books. Cases of unjustifiable homicide and suicide will be assumed to be cases of moral irresponsibility, involving the forfeiture of personal rights and perpetual restraint and guardianship. There will be no occasion for executive clemency, or for the innumerable evasions and perversions of justice, now so common. The stream of moral contagion which now flows during a criminal trial will be dried up at its source, when the wisdom of prevention leaves scanty occasion for the wisdom of penalty, and the hapless beings who stand up for judgment are seen as candidates for asylums rather than prisons."

Intoxication is not merely a proof of disease, but, inasmuch as it directly produces disturbance of the intellect it is a valid reason why those who violate the laws when drunk, shall not be awarded the penalty "in such cases made and provided."

Dr. DE MARMON, the latest writer on this

interesting medico-legal question, concludes a review of the various opinions on this point, thus:

"The drunkard is in some cases responsible and in others he is not; and, in fact, how can we condemn a man committing a crime against his will? In a criminal case, the question must be carefully examined; for, if the guilty party has had attacks of delirium tremens, if it is ascertained that he is a *dipsomaniac*, he ought to be confined in an asylum as any other insane, and, no matter how well he may appear to be while confined, it is not till after a long time, probably ten years, before he can renounce spirits, or that he may be set at liberty without danger for himself and society."

Again, he says:

"The man who gets drunk must only be responsible for the imprudence he committed in getting drunk. To impute to him the actions he committed when he had lost his power of reasoning is punishing as a crime a purely material action, abstraction being made of the guilty will of the agent."

But how can he be held responsible for his drunkenness if this is a sign of disease? And where are we to draw the line where self-control ceases and irresponsibility begins? In fine, is this endeavor to limit the space of moral free agency, or to abolish it altogether, as some would do, prudent or justified by observation?

We question it greatly. And we believe the tendency to view all human actions as the result of certain physical conditions—a tendency always marked in material science, and very prominent at present—one replete with danger to individual uprightness, and if carried out to its logical consequences, destructive of those ancient and unalterable landmarks which separate vice from virtue, the Good from the Bad.

Notes and Comments.

Corrections.

On page 249, first column, line ten, for *per annum* read *per os*. On page 257, for *Keiper* read *Keyser*.

Pathology of Consumption.

Dr. BATTSON, of Claremont, Ill., in a letter to us discussing Dr. LOGAN'S recent work on consumption, says:

"I cannot agree with NIEMEYER that the vegetarians in diet are more subject to consumption than the well-to-do, or better fed class. Something else than an excess of *lime* in the blood is necessary for the production of tubercle.

LOUIS' fatty liver of consumptives will help us to the explanation. I regard "phthisis" as much more frequently affecting the intellectual—the large brained, the nerve temperament. I am guessing, as you may think, but it seems to me, as *cholesterine* is the normal waste of brain and nerve tissue (REPORTER), so is tubercle the morbid waste, or detritus of brain and nerve tissue. Tubercle is essentially granular, composed of aplastic or retrograde cells with nuclei enclosed. An excess of phosphorized fat, as well as an excess of lime in the blood, is absolutely essential to the production of tubercle. Last year I saw an old gentleman die of brain tubercle (sixty years old), who in early life had pulmonary tubercle. He was dying nearly a whole summer. The very best medical scholars of Richland county agreed with me in that. Crude tubercle, you know, has even been found in the blood, coexistent with that deposit in the lungs.

"I have the very best authority for saying that the rural population of France are vegetarian in diet, and yet that population are freer from consumption than any other, except, perhaps, Italy and Spain (vegetarian) in Europe, certainly than that of Great Britain, or any part of central Europe. Our New England population are largely more subject to tuberculosis of the lungs than the population of any other part of the United States, and, although largely vegetarian, still consume more fatty diet than can be appropriated to its physiological uses. Besides, so I am told, the water used in New England for drinking purposes and cooking is *soft* and not limestone, as it ought to be."

Progressive Pernicious Anemia.

In the *Medicinische Central Zeitung*, Feb. 28, Prof. BIERMER, of Zurich, calls attention to this invariably fatal disease. He has seen fifteen cases in five years. The patients have a hydræmo-anæmic appearance, loss of appe-

tite, but not of fat, anemic sounds in the arteries, capillary hemorrhages, especially of the retina, often with disturbances of the sight, some fever, and progressive debility. The *post-mortems* showed fatty degeneration of the heart and muscles.

The Plague in Persia.

We learn from our German exchanges that excellent reports on the epidemic that has been raging in Persia for two years past were read before the Imperial Caucasian Medical Society of Kiew, by Drs. CASTALDI and SCHLIMMER. They declare it to be the true Oriental plague, marked by high fever, cerebral symptoms, buboes on the neck, in the arm-pits and groin, petechial spots, carbuncles, etc. The mortality averages 50 per cent., death arriving in from three to eight days. It is unquestionably contagious. Whole villages have literally been depopulated. In cold weather it disappears.

Why Fish are Sometimes Poisonous.

This question was recently discussed before the Medical Society of Königsberg, Prussia, by Dr. SCHIEFFERDECKER. It is well known that prawn, rock fish, oysters, etc, are at certain seasons, unwholesome articles of food, and even poisonous. This does not arise from decomposition, nor from any observable change, as Dr. S. proves. He concludes that it depends upon a change in the blood, connected with the process of spawning.

The Blood in Syphilis.

Dr. LOSTORFER'S now well-known alleged discovery of peculiar globules in the blood of syphilitic patients, was referred to a committee of the Vienna Academy of Medicine. While they were preparing to report, Prof. WEDL, declared that "these so-called syphilitic corpuscles are nothing more than minute masses of fat and protoplasm, and are found quite as often in perfectly healthy as in syphilitic blood." The committee consequently reported that this closed the question, and any further discussion was needless.

Poor Dr. LOSTORFER must have been sadly disgusted at this exhibition of the *addictus jurare in verba magistri*. But an article by Prof. BIESLADECKI, in the *Wiener Medicinische Wochenschrift*, No. 8, 1872, will aid his cause a little. The Professor, who is of Krakow, assisted by his colleague Prof. STOPCZANSKI, found the corpuscles in the blood of persons with syphilis, rheumatism, heart disease, icterus, pneumonia, phthisis, variola, puerperal processes, septicaemia and heart disease. They are, he says, *not* fat, nor protoplasm, but *paraglobulin* granules; and they *do* appear more numerous in syphilitic than in other blood. They appear on the fourth or fifth day after the outbreak of an attack of syphilis, and on the seventh or eighth day in the other diseases mentioned.

In view of this we have not yet given up faith in Dr. LOSTORFER and his corpuscles.

Female Students at Edinburgh.

The *British Medical Journal* for March 16 says:

"The *Philadelphia Evening Bulletin* is a very interesting journal. The view, however, which it takes of the progress of the ladies at Edinburgh is altogether beyond the facts. At this moment their cause is in a somewhat more discouraging state than at any time for the last two years. They are stopped by an absolute *non possumus* as regards their own demands; and they have unwittingly sown the path along which have they proceeded with prickles and barriers which will make it exceedingly difficult for any others to follow them."

Health Officers' Annual Report for Philadelphia for 1871.

This report poorly compares with what it should be and what we have a right to expect from this city, though the fault probably lies, not with the officer, but in the laws under which he works.

The births were 18,346; marriages 6,806; deaths 16,993. The principal epidemic was small-pox.

In the early part of the year this loathsome disease made its appearance, but did not attract any particular attention until August, when it began to assume the form of an epidemic, and continued gradually until the month of October, when we registered three hundred and thirty-one (331) deaths; it still continued with greater violence until the end of the year, when our entire mortality reached one thousand eight hundred and seventy-nine (1,879); previous to October, we only had registered forty-seven (47) deaths, thus leav-

ing one thousand eight and thirty-two (1,832) in the months of October, November, and December.

Scarlet fever shows 262 deaths; cholera infantum, 829; consumption, 2,237; and croup 264. Of the total, 27 per cent. were children under one year of age, and 46 per cent. children under ten. The rates of deaths to population was one in forty four, the highest in any one ward, one in twenty-nine.

Fertility of Americans.

This question is discussed in the April number of the *Atlantic Monthly* by Rev. EDWARD JARVIS: Do the foreigners who come to these shores produce children in extraordinary numbers in the first generation, and after that become sterile? What are we to say to M. CARLIER, "a French traveler," and Mr. LOUIS SCEALE, who both declare that among people of any stock that has been in this country so long as eighty-two years, the power of natural increase has been reduced to next to nothing—one and four-tenths per cent. or thereabouts?

We know the reply that some statisticians are ready with, and the explanation they offer of the infertility of American women. But facts do not bear them out. "There is not only no ground," says Mr. JARVIS, "for the theory of the limited growth of the American and the unlimited growth of the foreign element in the population of the United States. but, on the contrary, the natural increase is at a lower rate in the foreign than in the American families"; and this, be it remembered, excludes the negroes.

Epidemic of Cerebro-spinal Meningitis.

Dr. H. A. PHILLIPS, of Knoxville, Pa., writes us: Cerebro-spinal meningitis has prevailed in this locality to an alarming extent. I have seen full two hundred cases of well-marked meningitis; some died in a few hours from the attack, but the number of deaths has been small for the number of cases. It is a disease of its own type, a fever as distinct as typhoid or any of the continued fevers. The course of the fever is five or six days; then comes convalescence of the most tedious character, very liable to relapses. It is sometimes complicated with pneumonia, making very grave cases to treat. At the present time the disease seems to be subsiding, or to prevail in a milder type, and few deaths.

The Results of Science.

Dr. O. H. ADAMS, in a valedictory address at Rush Medical College, Chicago, thus humorously sums up the invaluable achievements of modern scientific anthropology:

"Human reason has been continuously employed through thousands of years upon one topic, man; commencing in the belief of the divinity and immortality of man, the results summed up, run thus:

"I am a modified baboon.

"My mental manifestations are the results of magnetism.

"My parents millions of years ago were a species of porifera. They came into existence by mere chance.

"In death I shall be annihilated."

How Some Medical Schools are Chartered.

The original charter of the "Philadelphia University of Medicine" was hidden in a maze of measures entirely foreign to that subject, such as are too frequently heaped up in the Legislature to cover questionable objects. The original charter was contained in a section of an act passed in 1853, which authorized the authorities of the then borough of Frankford to borrow money to erect a gas works; which also referred to a school-house at Powelton, to elections to a township in Juniata county, and various other matters.

Chronology of American Medical Journalism.

Prof. NOBLE YOUNG, M. D., of the Georgetown Medical College, D. C., said in his address on the occasion of laying the corner-stone of the building for the College of Physicians and Surgeons, Wilmington, N. C.:

"The honor of establishing the first medical journal in the United States is due to New York, by the labors of Doctors SAMUEL M. MITCHELL, EDWARD MILLER nd ELIHU H. SMITH, in 1797. The *Philadelphia Medical and Physical Journal* was next published in 1804, followed by the *Philadelphia Medical Museum* in 1805; *Baltimore Medical and Physical Recorder*, 1808; *New York Medical and Philosophical Journal and Review*, in 1809; *The American Medical and Philosophical Register*, in New York, in 1810; *The American Minerological Journal*, at New York, in 1810; *Eclectic Repository*, in Philadelphia, in 1811; *Baltimore Medical and Philosophical Lyceum*, in 1811; *New England Journal of Medicine and Surgery*,

Boston, in 1812; *American Medical Recorder*, Philadelphia, in 1818; *Philadelphia Journal of Medicine and Physical Sciences*, in 1820; *American Journal of Science and Arts*, New Haven, in 1821; *New York Medical and Physical Journal*, 1822; *Western Medical Reporter*, Cincinnati, Ohio, 1822; *Hartford Analectic Journal of Medicine and Surgery*, 1823; *Boston Medical Intelligencer*, 1823; *Medical Review and Analectic Journal*. Philadelphia, 1824; *New York Monthly Chronicle of Medicine and Surgery*, 1824; *Carolina Journal of Medicine, Science and Agriculture*, at Charleston, S. C., in 1825."

Correspondence.

DOMESTIC.

The Ice Treatment of Scarletina.

EDS. MED. AND SURG. REPORTER:

I consider it but doing justice to Dr. HIRAM CARSON to report cases of scarlet fever treated with ice. Since the late discussion pro and con in your pages, there has been a complete silence. Can it be that many of your readers have no scarlet fever to treat, or are they too obstinate to test the ice treatment? I am confident that I have saved two lives with it. I will not detail symptoms; all your readers are familiar with the symptoms of an anginose and generally fatal form of scarlet fever. In my two dangerous cases, the pulse was too rapid to count, with extremely inflamed condition of the tonsils, pharynx, etc., delirium, sleeplessness, all of which were relieved from the very first of the ice applications, and steadily progressed to cure.

There is one point upon which Dr. CARSON does not insist strongly enough. He says truly that the ichorous mucus secreted by the inflamed throat is almost always swallowed, and is subject to reabsorption from the stomach and bowels, producing secondary blood-poisoning.

But he does not tell us how to prevent absorption. Now, in all of my cases, I have found, after the throat begins to secrete profusely, and as a consequence, a great portion of the poisonous material enters the stomach. The patient will complain of griping pain in the stomach, and after awhile mucus diarrhœal discharges from the bowels of an ashy white slime.

I endeavor to aid nature by a free purge of castor oil or epsom salts; and repeat when above symptoms demand with the result of relieving the distress, and getting rid of poisonous material. I would ask others to make known their experience through the columns of your valuable REPORTER. And if their success with ice equals mine, we may say that dreaded scourge of children is indeed robbed of most of its terrors.

I am very respectfully yours,

A. J. JESSUP, M. D.,

Westtown, Orange co., N. Y., March 26, 1872.

News and Miscellany.

Attending the Poor by Contract.

The committee of the township which includes the town of Hightstown, Mercer county, New Jersey, solicited proposals from the different physicians of the town for attending the poor of the township. There are five practicing physicians, three regular and two homeopaths. The following are the replies of the three regulars. The contract was given to one of the homeopaths. We honor the profession of Hightstown for their action in this matter, and trust that it will be contagious:

To the Members of the Township Committee of East Windsor:

GENTLEMEN: Having received notice that proposals would this evening be received and entertained from each of the doctors of this village for service to paupers for the coming year, please allow me to state that for one it is not my intention to send any proposal for any business of this character. And I would have your honorable body understand that I hold humanity too dear to entertain for a moment the idea of bartering or trafficing in its sufferings and needs; and as I believe that a series of underbidding would be both unprofessional and ungentlemanly to my brother physicians, I must decline to consider your invitation to send proposals. I would, however, ask you to bear in mind that I shall ever hold myself in readiness to attend the afflicted, be they poor or rich, for a proper compensation.

Cognizant as I am of the evils which resulted in a neighboring township from an action similar to the one you propose, I am constrained to say that I think it neither christian-like or politic.

I am, gentlemen, yours with respect,

J. A. EXTON.

Stockton st., Hightstown, N. J., March 14, 1872.

HIGHTSTOWN, March 14, 1872.

To the Township Committee of East Windsor:

GENTLEMEN—I received notice to-day from your honorable body that proposals were expected to be received this evening from various physicians, stating the amount for which they would engage to attend the poor of this township for the ensuing year, and an invitation to participate in such competition.

In reply, allow me to say that I cannot take part in such an arrangement. Besides being a palpable violation of the code of medical ethics, it would be an unseemly contest between brother physicians in underbid-

ding each other in the matter of charges for the sake of obtaining the patronage in question—and that is a position I could not consent to occupy.

Should I be at any time called upon to give my professional services to any of the poor of the township, I should, as in all other cases, endeavor to perform my duty faithfully by them, and at such rates as are proper and usual.

And I would moreover (if it would not be deemed impertinent) venture to suggest that poverty is no sufficient reason why a person should be deprived of the privilege so much valued by others, of choosing his own physician. Very respectfully,

LLOYD WILBUR.

HIGHTSTOWN, March 14, 1872.

To the Township Committee of East Windsor:

GENTLEMEN- You desire me, in common with the other physicians of this town, to name the sum of money for which I would agree to supply the medical wants of the "township poor" for the ensuing year. This I cannot do.

While perfectly willing to render any service in my power to the afflicted poor, entrusted to your care, at the rates of compensation which common usage has established to be just and proper, I am not disposed to do this by "contract."

My reasons are the following: First. It involves a violation of Medical ethics—underbidding in medicine, as in the other learned professions, being considered disreputable and derogatory to the professional character.

Secondly. It would be manifestly *unjust*. On this plan the poor must submit to the *cheapest* medical attendance, and are denied the right to select their own physician. Though poor, they are nevertheless human beings, and to compel them to receive the attention of a physician in whom they have no confidence is hardly in keeping with the enlightened views of this 19th century; and

Thirdly. I would be encouraging a principle now generally acknowledged to be wrong. It is asking the physicians of Hightstown to take *risks* in a kind of lottery, and *that* I would prefer not to do. It doubtless is the duty of every citizen to foster that which tends to elevate the physical and moral condition of mankind, and whether the inauguration of this sort of speculation is exactly in the line of this duty is not at present an open question with me.

The high regard I entertain for you personally, and the respect due you officially, impel me in declining your request to give you the reasons in full, and in doing so I trust I have not been lacking in that degree of deference which is always due to superior age or experience. I am very sincerely yours,

CHAS F. DESHLER.

The Oldest Man in the World.

JACOB FOURNHIS, who was probably the oldest man in the world, died recently at Kansas City. He was about 138 years old, and remembered distinctly, the taking of Quebec by Wolfe, in 1759. In 1814, at the time of the occupation of New Orleans by General Jackson, Fournhis, was not allowed to enlist because he was too old. He followed the occupation of a hunter for fifty years, and retired about thirty years ago from active work. We wish some physician there would study the facts of his history.

Increase of Drunkenness.

In France and Spain, observers unanimously confirm the statement that drunkenness is alarmingly on the increase, especially among the lower classes. They are giving up the native wines, light beers and cider, and addicting themselves to distilled spirits, absinthe, and schnapps. How this can be checked is occupying legislatures, philanthropists and physicians, but so far nothing practical has been done.

The Othopedic Hospital of Philadelphia.

This excellent institution has been removed to the corner of Seventeenth and Sumner streets.

The managers say in their annual report for this year: "Four years have passed since the hospital was established, and the number of patients have steadily increased from 116 in 1868 to 328 in 1871. The hospital is no longer a charity of uncertain value. In the department of bodily deformities, 154 cases were examined, 39 of which were of club-foot, 19 of hip disease, 32 of spinal affections, 4 of white swelling, 9 of contractions of the joints, and 2 of varicose veins. Of this number 65 were cured, 21 were not healed, 2 were pronounced incurable, and 73 were improved.

Persecution of Male Students!

The *Medizinische Central Zeitung*, January 14, says that 30 young women, chiefly Russians and Poles, have inscribed in the Zurich University. They rudely seize the best seats, and crowd the poor young men at the clinics; they even smoke to such an extent that the professors complain that it makes them cough. The poor persecuted male students have therefore petitioned the Senate to stop such improprieties. These afflicted youths have our warmest sympathy.

The American Medical Association.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street above Spruce, Philadelphia, on Tuesday, May 7, 1872, at 11 A. M.

Special arrangements have been made with

the railroads for transportation of members at reduced rates, and with the principal hotels and boarding houses for the expense of members while here. Prices, etc., are given in a circular now ready and furnished by the secretary, WM. B. ATKINSON, M. D., 1400 Spruce street, Philadelphia.

All who desire to avail themselves of the above rates, must send to the secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

European News Items.

——Professor TRAUBE has been appointed professor in the University of Berlin, being the first Israelitish professor that institution has had.

——The University of Strassburg is to commence operations under German auspices May 1st. The medical faculty are Dr. WALDEYER, Anatomy; Dr. HOPPE SEYLER, Physiology; VON RECKLINGHAUSEN, Pathological Anatomy; Dr. SCHNIEDEBERG, Materia Medica; Dr. LEYDEN, Internal Pathology; Dr. LUCKE, Dr. GUSSROW, Gynæcology and Obstetrics. This is a fine array of talent.

——The German Sanitary Commission (*Pflege-Vereine*) is about to publish a report of its action during the Franco-German war.

QUERIES AND REPLIES.

Veterinary Surgery.

Dr. J. D. J., of Town.—We recommend Morton's *Veterinary Pharmacy*, $5.00; Gamgee, *Veterinarian, vade mecum*, $5.00; Youatt, *On the Horse*, $3.50.

Coxalgia; String Halt.

MESSRS. EDITORS: 1st. Which is the better plan of treatment for a rather subacute, slow-forming form of femoral coxalgia, child, æt. 7 years, viz.: by extension and counter-extension and confinement in bed, with an issue over the hip—an allusion to which I saw in the REPORTER some time since, or by a starch and spica bandage to obtain immobility of the joint, and allow patient to move around on crutches? How long should the child be confined in first plan, and what kind of an issue is best? How long should bandage be worn in second plan, and what kind of an issue? 2d. What is the pathology of, and is there any treatment for, what is called "string-halt" in horses? W. S.

Dr. A. J. M., Ohio.—Thank you for the card of the trader in diplomas. A liberal supply has been sent me, and it has been used to advantage—for our State Legislature has withdrawn the charters of the trading colleges—and that chap's "occupation's gone."

American Journal of Obstetrics.

In reply to many inquiries we would say that we have not yet received the February number of the *American Journal of Obstetrics*. We have understood for some time that it was about ready, but of the cause of the delay we are not yet advised.

OBITUARY

PROFESSOR SAMUEL HENRY DICKSON, M. D.

Professor Samuel Henry Dickson, M. D., of Jefferson Medical College, died in Philadelphia, on March 31st. He was born in Charleston, S. C., in 1798. Professor Dickson for over fifty years was a practitioner and a teacher of medicine. He was for some time connected with the medical department of the University of New York, and was for many years Professor of the Institutes and Practice of Medicine in the College of South Carolina. In 1858 he was appointed Professor of the Practice of Medicine in the Jefferson Medical College of Philadelphia, and occupied that position at the time of his death. Professor Dickson was the author of many essays on medical and miscellaneous subjects, and contributed to various periodicals. His death was caused by aortic aneurism from which he had long been a sufferer.

At a special meeting of the students of the Jefferson Medical College, held April 1st, 1872 the death of S. H. DICKSON, M. D., L. L. D., Professor of the Theory and Practice of Medicine in the Jefferson Medical College, was announced, and the following resolutions were unanimously adopted:

Resolved That we, the students of the Jefferson Medical College, have lost a most eminent and earnest instructor and a valued friend.

Resolved, That in his death the medical profession has lost a most distinguished member, a man intimately connected with the progress of medical science during the last fifty years. Eminently successful in his labors as a teacher, his loss will be mourned by the thousands who have listened to his able instructions.

Resolved, That a copy of these resolutions be sent to his bereaved family, with whom we deeply sympathise; and that in further token of our respect, we will attend his funeral in a body.

FRANK WOODBURY, Pennsylvania, *President.*

FRANKLIN WEST, Pennsylvania, *Secretary.*

CHAS. H. FISHER, California,
GEO. D. TOPPING, M. D., Ohio,
JOHN E. HALBERT, Mississippi,
HAXT M. PERRY, M. D., S. C.,
J. KLIASON, Maryland. } *Committee.*

MARRIED.

MUNSON—KENYON.—In Otisco, March 14th, by Rev. A. R. Palmer, Willis W. Munson, M. D., and Miss Alma M. Kenyon.

DIED.

BRONSON.—At Aiken, S. C., March 28th, 1872, Isaac Bronson, of New York city, aged 37, oldest son of Dr. Oliver Bronson

FOWLER.—At East Fishkill, N. Y., March 19, of pneumonia, Theodore Fowler, M. D., in the 61st year of his age.

JACKSON.—In this city, on the morning of April 5, Samuel Jackson, M. D., emeritus professor of the institutes of medicine in the University of Pennsylvania, aged 85 years.

KREEGER.—In this city, on the 5th inst., Dr. Gustavus H. Kreeger.

NELSON.—At Rhinebeck, N. Y., April 4th, Theophilus Nelson, M. D., in the 74th year of his age.

DR. ZINA PITCHER, one of the oldest and most eminent physicians of Detroit, Mich., died April 5th. Dr. Pitcher was for many years a subscriber of the MEDICAL AND SURGICAL REPORTER and HALF-YEARLY COMPENDIUM.

REILEY.—At his residence, in Suckasunna, Morris county, N. J., on the 23d ult., Dr. James Reiley, in the 43d year of his age.

ROGERS.—In Troy, Vt., March 17th, Charlie, infant son of Dr. C. S. Rogers, aged 4 months.

TOWNSEND.—In this city, on the 6th inst., Réné N. Townsend, daughter of the late Dr. Charles Townsend.

VEALE.—On the 4th inst., near Pottstown, Montgomery county, Pa., Mrs. O. C. Veale, widow of the late Dr. Dempsy M. Veale, of Virginia, in the 73d year of her age.

DR. PETER WILSON—Ha-da-gus-ha, or, One-who-heals-the-sick, in the Indian tongue—a chief in the Six Nations died recently on the Cattaraugus Reservation. He was a descendant of Red Jacket, and was liberally educated.

THE

MEDICAL AND SURGICAL REPORTER.

No. 789.] PHILADELPHIA, APRIL 20, 1872. [VOL. XXVI.—No. 16.

ORIGINAL DEPARTMENT.

Communications.

A WIRE-GAUZE SUPPORTER FOR THE TREATMENT OF FRACTURES LUXATIONS, ETC., OF THE LOWER EXTREMITIES.

BY HARVEY L. BYRD, M. D.,

Professor of Obstetrics in Washington University of Baltimore, etc., etc.

Read before the Medico-Chirurgical Society of Maryland at its annual meeting in Baltimore, April 2d, 1872.

Some three or four years ago the attention of the profession was called by the writer to a *wire-gauze* supporter in cases of fracture, and other injuries of the lower extremities, and its beneficial action illustrated by a case in which it was used most satisfactorily in the successful management of severe injury of the knee of a robust young woman, since which time several cases have been treated in his own, and the practice of professional friends, which establish most conclusively, to their minds, its great superiority over every other method in the treatment of fractures, simple, compound and comminuted, and luxations, severe contusions, etc. The wire-gauze supporter has been used in all these cases in connection with Professor N. R. SMITH'S "Anterior Splint"—though it may be attached to suitable wooden frame-work as well, and reference to the accompanying cuts will illustrate with what readiness the apparatus, thus arranged, can be applied, and the ease with which it may be adjusted, with but little suffering or inconvenience to the patient. The description formerly given of the mode of constructing and applying the instrument is repeated here, which with the cuts will enable any one of ordinary mechanical skill to construct and apply it without difficulty or delay. The young lady refered to in a previous communication was injured by falling with great force upon her right knee. Whilst playfully running with a young man over a rough scaffolding of boards, the toe of her shoe caught, and the young man, in attempting to prevent her falling, lost his balance, and both fell together, he falling upon her. The accident occurred at a village a few miles from the city, and the two physicians of the place who were called very judiciously decided to apply Dr. SMITH'S anterior splint. It was done in the usual manner, and she brought to her home in the city on the following day. She was seen by the writer a few hours after her arrival, and found to be suffering great pain in the injured knee and leg. With the assistance of Dr. JAMES E. GIBBONS, of New Windsor, Md., then a pupil in our office, the suspensory cord and pulley were re-adjusted, the bandage slackened, a full dose of morphia prescribed, and the patient left for the night.

To our surprise we learned, on our visit the succeeding morning, she had not slept and had suffered great pain in the knee, and much unpleasantness in the thigh and leg, in consequence of tightening of the bandage from increased swelling of the limb. The weather being very warm and the young woman large and fat—weighing, probably, two hundred pounds—and as there was little chance of rendering the apartment more comfortable by ventilation, it was determined to make her condition as much so as possible by other means. For this purpose a yard and a half of fine wire-gauze was procured, and after taking proper dimensions of the thigh, popliteal region, leg and heel, the gauze was cut so as to adapt it to the posterior and lateral surface

of the limb, and then bound around with stout cloth (thin, fine leather has been found from experience to answer a better purpose), with buckles and straps attached at suitable intervals. The limb was then made nude by the removal of the bandage that sustained the splint, and the wire-gauze, as above prepared placed in position *under* it. When this was accomplished, the "anterior splint" receiving proper shape, was placed over the *front* of the extremity, the wire-gauze secured by the buckles and straps to its longitudinal bars, and the hooks from the suspensory apparatus above having been passed into the rings or eyelets of the transverse bars of the "splints," the limb was swung from the bed. The greatest comfort was immediately experienced by the patient, and after adjusting the lengths of the straps so as to secure evenness and accuracy of adaptation of the wire-gauze to the entire posterior and lateral surface of the limb, the patient was left for the day.

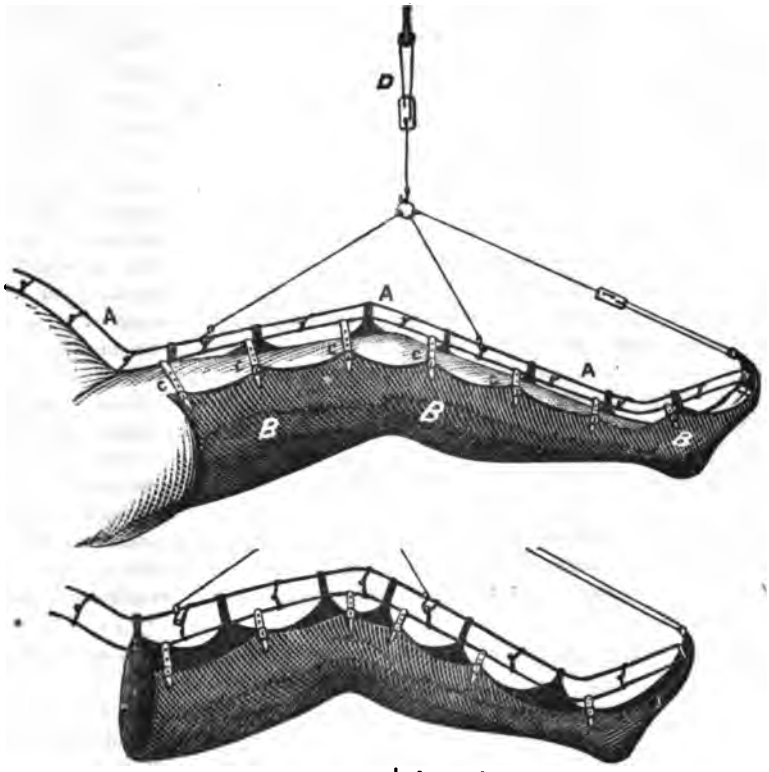
The whole manipulation, from the time the wire-gauze was ready for application until the procedure was accomplished, did not occupy as much time as has been consumed in writing this account of it. If the foregoing details are sufficiently clear of comprehension, it will be observed that the important objects of extension and counter-extension were as fully accomplished in this case as they could have been by any other means, while the great relief from all *anterior* compression of muscles and the free exposure of the surface of the limb to the atmosphere, not only anteriorly, but laterly and posteriorly also, was sufficient to impart the great comfort she experienced from the change of treatment. But the scientific surgeon will readily perceive other, and if possible greater, advantages, which may be obtained from the wire-gauze in the management of fractures and wounds of the lower extremities; or perhaps we should rather say great additional advantages, for it is difficult to conceive of any much greater advantage than free ventilation in such cases. The chief of these alluded to, for example, as in compound and comminuted fractures, saber and bullet wounds, or in other wounds involving the skin and subjacent structures, and requiring frequent ablution or dressing, without disturbing the general position or condition of the limb, will be sought for in vain outside of the wire-gauze.

A wound may be clearly seen and freely syringed or sponged, and receive other local treatment *through* the wire-gauze, even when situated on the *posterior* or *lateral* aspect of the limb, without disturbing its position in the slightest uncomfortable degree. Again, where it is desirable to remove, at any point, undue or uncomfortable pressure, nothing is more easily accomplished, as the leather straps and buckles attached to the margin of the wire-gauze may be slackened or tightened at such points as may be necessary to secure the desired relief. By this management, undue pressure on the muscles may be almost completely obviated. The *foot and heel* may be turned to most important account as a lever or weight, in certain fractures, by increasing or lessening the support which the anterior cord and pulley, or sling, attached to the distal end of the gauze, is capable of effecting.

Besides the foregoing, there are still other advantages attainable by the wire-gauze, when properly attached to the anterior splint, or other support. But these will readily suggest themselves to the intelligent practitioner in individual cases. The writer has become satisfied, from his own and the experience of friends, that with wire-gauze sufficiently fine, accurately cut, and properly adjusted to the limb, and anterior support, that less sagging takes place than under *any other method* of treating fractures, and consequently less deformity results from this than any other mode of treatment where bandages are used. An extract from a letter of Dr. S. K. Coleman is subjoined, as it presents some of the great advantages of the wire-gauze supporter in the treatment of a compound comminuted fracture during the *heated term* of last summer.

BALTIMORE, March 13, 1872.

PROF. HARVEY L. BYRD, M. D.—*Esteemed Friend:* I am happy to report the unbounded success of your wire-gauze supporter, as attached to Dr. Smith's anterior splint. And permit me to add, I am deeply sensible of the kind assistance afforded me in their application to my patient by Dr. J. A. Carmer and yourself. I refer to the case of Mrs. Edwards, æt 40 years, weighing 230 pounds, and residing at No. 12 Clinton street, Canton. The lower third of the left leg was broken last



June, during the warmest portion of that month the lower end of the fractured tibia crushing its way through the integuments, producing a frightfully contused and lacerated wound. A few days after its adjustment I took pleasure in inviting different members of the profession to see it, and among them Dr. N. L. DASHIELL, one of the oldest and most experienced physicians of East Baltimore, and he, in common with all the others, thought the appliance 'just the thing' for the case. The wound was treated with cold water dressings, and such other articles as the warmth of the weather indicated, and in less than eight weeks the lady walked without any artificial support whatever, claiming that "she could walk better now than she ever did before." I feel fully satisfied your addition of the wire-gauze supporter to Smith's Anterior splint is the greatest boon that surgery and humanity have thus far received in injuries of the lower extremities.

"I am very respectfully and sincerely yours,
"S. K. COLEMAN, M. D."

B B B represents the wire-gauze applied. Dr. SMITH's anterior splint is clearly seen above it at A A A. The cords and pullies are sufficiently well defined to be readily recognized at D.

366 *N. Tremont street, Baltimore, April* 3, 1872.

IPECACUANHA IN TYPHOID FEVER AND DYSENTERY.

BY EDWARD H. SHOLL, M. D.,
Of Gainesville, Alabama.

In the presentation of this subject my object is not speculative, but entirely practical, giving only facts based upon actual experience. My attention was called to this manner of treatment by an article in the REPORTER some months since by a physician in Reading, Pa., whose name I cannot now lay hands on. It is only necessary to say that some of my patients, as well as myself, have reason to thank him for it. Its republication, with a view to again impress it upon the minds of the profession, would be of practical benefit. I allude particularly to the article upon the "Use of Ipecacuanha in Typhoid Fever."

As the action of remedies upon the economy is influenced not only by peculiarity of constitution, but also by local causes acting in different ways upon those idiosyncrasies, it may be well to give a brief description of our surroundings:

We are in latitude 32° 45′, on the banks of the Little Bigby river, about 80 miles by water above its confluence with the Warrior. Emptying into the river in all directions are numerous sluggish affluents, with, in many instances, extensive bottoms, full of lagoons and sloughs, into which the water, in the winter and spring, pours. The difference between low and high water being 54 feet, it may be readily conceived that, to a certain extent, malarial causes are at work moulding nearly every form of disease and stamping their impress.

Hence it is that only twice in sixteen years has typhoid fever, *sui generis*, presented itself to any extent as a prevailing disease. In the REPORTER of May 12, 1860, I published an article upon an epidemic of typhoid fever then prevailing in the neighborhood of Warsaw, ten miles above here, with treatment. Most of the cases, twenty-two in number, were mild in form. All were brought to a successful termination, though some cases were of unusual duration. In every case copious diarrhea was among the early symptoms, and I then learned that the sooner I could control the watery discharges and keep the bowels closed, by so much would I moderate the severity and abridge the duration of the attack.

In one case where the patient almost succumbed to the exhaustion from profuse discharges, the bowels were kept confined for seventeen days. During this time the progress to convalescence was decided. Parents were anxious to have the bowels move. The young lady herself remarked that "the doctor had locked up her bowels and thrown away the key." At the end of that time she had a free, consistent action voluntarily, and was soon up.

This case illustrates the fact of how great a length of time, consistent with keeping the equilibrium, the bowels may be kept quiet, and that instead of its throwing back noxious matters to the detriment of the patient, other organs supplement all necessary excretory action, and relieve the irritated bowel.

Here I may be permitted to make the statement, substantiated by years of observation, that in this disease, as well as acute dysentery, in this latitude, even in the earliest stages, *mercurials* are positively harmful, protracting the duration of the cases, and oftentimes sealing their fatality.

The true explanation of this well-ascertained fact I conceive to be as follows: the bile being the natural irritant and peristaltic persuader of the bowel, naturally, the organs working intelligently, the secretion of bile is diminished in the beginning of the inflammatory action that an acrid irritant may not be poured out over an irritated and inflamed surface. Hence, among the earliest signs of an abating of the irritation is the gradual restoration of the biliary tinge to the evacuations. The physician sometimes, not content with following, and being desirous to lead, would hasten before the proper time, by mercurial action, the biliary presence, and in a terrible epidemic of dysentery here in 1851, my predecessors informed me the result of this treatment was calamitous in the extreme.

Of later years the idea having been generally received that typhoid fever was self-limited, and in no way to be cut short, the expectant plan of treatment, a decided improvement upon the previous active method, has found general acceptance.

It is certain that if we can find any remedy potent to control and abridge, we not only save suffering and loss of time, but materially diminish the rate of mortality. I therefore give one case as typical of a number, all of which have been brought speedily to a successful termination.

Mr. A. W. McM., æt. 52, sent for me in July, 1871, in the tenth day of a febrile attack readily recognized as typhoid. Tenderness in right iliac region; gurgling; tongue red at tip and heavily coated. Had up to 4 P. M. eleven free watery, clay-colored discharges that day, which had enfeebled him. Skin parched and acridly hot.

I gave at once forty drops of laudanum, in one hour followed it with forty grains of ipecac., which at the expiration of forty-five minutes produced copious emesis. He was ordered at 7 next morning forty drops laudanum; at 8, 40 grains of ipecac. On my return at 9 A. M. found him more comfortable; had three evacuations in the seventeen hours.

Ordered repetition of medicine in the evening and for next morning. At 9 A. M., next day, decided improvement; two evacuations the 24 hours; more consistent; febrile excitement almost gone; countenance cheerful, with gradually diminishing doses given for the next three days. The improvement was so marked that the treatment as above was stopped, and a few small doses of aromatic sulph. acid given daily. On the tenth day from my first visit, he, without my consent, rode horseback three miles in the country, bringing about in a few hours a febrile excitement, with diarrhea of profuse character. This yielded in forty-eight hours to the first treatment, and he soon convalesced.

Other cases of a still more aggravated character seen first in the ravings of delirium, or in a deeper prostration from diarrhea have responded as readily, and when seen early have been jugulated in from four to seven days.

This plan was adopted in a case seen last week in the fourth week of the fever, with happy results. The stomach soon becomes tolerant of these large doses, which then expend their full effect upon the bowel. As more convenient and equally efficient, I have used of late Tilden's fluid extract in place of the bulky powder.

If further experience develops any contraindication to the treatment as above indicated it will be reported. I trust the profession may test the value of a remedy which it is not contended will cure all cases, but one that will very materially abbreviate the curable ones. In dysentery last week six severe cases were speedily cut short by it, given in 8 to 25 grain doses every three hours, with an opiate twice in twenty-four hours.

DEATH FROM THE INHALATION OF NITROUS OXIDE GAS.

REPORTED BY W. J. PURCELL, M. D.,
Of New York City.

On Wednesday, March 20th Mrs. Ann O' Shaughnessy visited the office of a dentist named Newbrough, No. 128 West 34th street, New York city, for the purpose of having some teeth extracted, she having suffered considerably for some time previously from toothache. Although desirous of taking the gas, she yet expressed a great dread of it, and it was with considerable difficulty that she was persuaded to submit. One bag ful containing about four gallons was administered, but not without great trouble from the struggles and resistance of the patient, who appeared to labor under severe nervous irritability. This not being sufficient to produce anæsthesia, a second bag ful was given, and after a few inhalations the dentist proceeded to extract the teeth. About four were removed, when the patient's head was observed to fall over on her left shoulder, and she was discovered to be insensible. Efforts were made to revive her, but in vain. It was found that she had ceased to breathe, and that no pulsation of the heart could be discerned. A physician was hastily summoned, and the galvanic battery and other means and appliances used, but without success. The woman was dead. The remains were removed to the late residence of the deceased, and an autopsy made, which revealed a slight congestion of the lungs.

An inquest was held before Coroner Hermann, and a jury composed of prominent medical men. Several physicians who were present at the *post-mortem* examination gave as the result, that death was caused by nervous shock; there was slight congestion of the lungs.

The following embodies the most important part of the testimony, as it throws considerable light on the different methods of administering the gas, its modes of manufacture, etc., etc.

Dr. BUCHANAN, of 355 West Thirtieth st., testified that he was present at the *post-mortem* examination made on the body of Mrs. O'Shaughnessy, at the residence of the deceased. He corroborated the testimony of the physicians previously examined as to the result of the autopsy. He said that in his opinion the cause of death was a nervous shock, consequent upon having the teeth extracted. He believed the deceased had an incipient stage of pneumonia. In addition to the shock he thought that the inhaling of the gas might be a predisposing cause. The witness said that he gives nitrous oxide in cases of asthma; he was careful when there was anything the matter with the heart; he thought a physical examination of the patient necessary before giving the gas. When a patient dreaded the inhalation of the gas he would not give it for

fear of producing a shock. He never saw a case illustrative of this idea, but he thought the present a very appropriate one. He thought that if all the proceedings had ended when the deceased had expressed a fear of taking the gas, nothing would have occurred; that is, had not the teeth been drawn. The gas ought to be taken through a mouth-piece, provided with an outlet valve through which the expired gas could escape into the atmosphere. He could not say whether the apparatus used by deceased had such a mouth-piece. He could not say whether the quantity of gas taken by the deceased had anything to do with her death. He deprecated the custom of holding the nose, and breathing into the bag without means of escape for the impure gases. This latter statement was in reply to a question from Dr. ROGERS.

HERMANN ENDEMANN, chemist to the Board of Health of New York, testified that at the request of Coroner HERMANN he examined the gas used by Dr. NEWBROUGH and the material used in the manufacture of the same. The nitrate of ammonia used in the manufacture of the gas was not quite pure, but was as good as is usually provided. The apparatus used by Dr. NEWBROUGH is capable of producing pure gas provided that it is administered within three hours after it is made. He made inquiries of Dr. NEWBROUGH how often he made the gas, and he said every day. At a second visit paid by the witness to Dr. NEWBROUGH'S place, the latter said that the gas he had administered to the deceased had been made two days before he gave it; he did not examine this gas, as it had all escaped. The gas he made with Dr. NEWBROUGH'S apparatus himself was pure; he inhaled it himself. The bag used by the deceased contained four gallons, with a mouth-piece, out of which the patient directly inhales the gas; the carbonic acid of exhalation thus enters the bag again. The witness thought that all mouth-pieces should have a safety-valve, through which the carbonic acid could escape. He thought that the deceased partly inhaled the nitrous oxide; the witness had some experience, he said, of the physical effects of nitrous oxide; the face becomes gradually livid under its influence about fifty seconds after inhaling it; the pupils become distended; if the pulse is weak at first it generally becomes more rapid. The patient comes out of the influence in two or three minutes so as to be conscious, but the dizziness continues five minutes. The only experience the witness had of any evil results from inhaling the gas was in his assistant, who took it for the purpose of having a tooth extracted; next day he did not feel well in his lungs, feeling bad for about a week after. A physician told him that his lungs were congested; three months afterward he died of consumption. If the impurities of the gas be not removed he considered it harmful. He has noticed that the gas has different effects upon individuals, producing depressing effects on some. He considered that the apparatus, with the same material used as he had examined, is capable of generating gas sufficiently pure, provided it is used three hours after being made.

Mary Mulligan, residing at 301 East Fifty-fifth street, testified that she is a dressmaker, employed at McCleary's, in Broadway. Last summer the deceased worked at the same place with her; she was in good health and never knew her to have fainting fits.

Mr. E. P. Hoyt, of 34 West Twenty-sixth street, said that he had been a dentist for fifteen years. He had used nitrous oxide gas extensively years ago, until he became alarmed, and discontinued its use on account of its tendency to produce asphyxia. About the year 1863 he almost discontinued its use, until he invented a different method of inhaling it, by allowing an escape of the carbonic acid gas. He was pressed very much by his patients to employ the gas, but he did not like to administer it without a physician being present. He is not entirely satisfied that it is harmless when given to produce anæsthesia. He would not give it in a case of heart disease or palpitation of the heart, or disease of the lungs or brain. The gas, he finds, acts as a stimulant; a little of it acts as a tonic.

Deputy Coroner John Beach testified to having made a *post-mortem* examination. His testimony agreed substantially with that of the other physicians.

THE VERDICT.

The jury find that the deceased, Ann Shaughnessy came to her death by asphyxia or apnœa, as evidenced by the symptoms manifested by the patient before death, and the conditions found at the *post-mortem* ex-

amination; the asphyxia, in our opinion, being induced by the inhalation of gas administered.

The jury further agree in the opinion that any other than the prescribed method of preparation of nitrous oxide gas as to tempera ture for generation, and appropriate washing bottles, is to be regarded as a careless method of manufacture.

In this particular we regard the apparatus used by Dr. NEWBROUGH as imperfect. Furthermore, we regard the administration of nitrous oxide gas as reckless where each administration is an experiment upon the patient, which it must be when there is not a positive certainty as to the chemical purity of the gas, and ignorance in the administrator of the physical condition of the patient and the physiological effects manifested by anæsthesia.

Furthermore, we regard it as necessary for safety that an administrator of nitrous oxide gas should have a knowledge of the application of restorative agents adapted to alarming conditions in anæsthesia, and be always supplied with such agents.

NOTES OF PRACTICE.

By H. L. W. BURRITT, M. D.,

Of Bridgport, Conn.

CHLORAL.

Mr. J., æt. 56, was taken with tremors and spasmodic twitchings and delusions, peculiar to alcoholism. He had for some time been indulging freely, though attending to business and never intoxicated. The motions were more on one side of the body and epileptiform in character, though consciousness was perfect. Morphia in three doses having been tried with no effect, I gave thirty grains of chloral in one dose. The effect was immediate; he was thrown backward into a terrible epileptic convulsion; entire loss of consciousness, black as ink in the face, and stertorous breathing for a moment; then entire suspense of action of the heart and respiration. He seemed moribund, but throwing his head downward and passing the finger into the larynx, he gasped once or twice, and by ammonia, cold water and expansion of the lungs, by carrying the arms rapidly upward and alternate pressure, he gradually recovered, fell into a deep sleep of four hours' duration, with entire mental power and calm nerves when he awoke.

I see doses larger than the above repeatedly given, if the reports in your journal are correct, and yet I would trust the inhalation of chloroform far sooner, especially after small doses of stimulants, as in thousands of cases of the use of this anæsthetic I never saw a patient so near death. I have given chloral, but its effects are far more uncertain than chloroform *given internally*, and its advantage in any given case is far from evident, *as compared* with chloroform for internal or external use. A small quantity of brandy given in advance would, in my opinion, make either anæsthetic *perfectly safe*.

DISLOCATION OF INFERIOR MAXILLARY.

Miss ——, while having a third lower molar extracted by a neighboring dentist, suddenly dislocated her lower jaw; the appearance of the face, with the great distress, was very comical. I applied a split cork between the last molar on each side, and placed the thumb and fore fingers of the right hand on the inside of the lower front teeth, and grasping the chin, and pressing with the other hand against the upper jaw, the head being held firm against the breast of my assi tant, I drew forcibly forward, and the bones, leaving the zygomatic fossa, slipped gradually into place.

This, the old method, I think preferable to using the thumbs, and also giving a "*point de appui*," by using one hand against the upper jaw. What is singular about the case is the fact that the dislocation, although a primary one, was effected without any considerable force by the operator or effort by the patient. It might have been owing to the relaxation so brief in effect of the nitrous oxide, but I have never seen any amount of suspended muscular action by this agent. I may mention, in this connection, that this anæsthetic, so loudly vaunted as harmless, has been followed, in many instances I have seen, by severe hysterical and epileptic convulsions, and I presume most practitioners have had the same experience. The late New York case (128 West Thirty-fourth s reet) seems, from the reports, to be one of suffocation from obstruction in the bronchia or larynx, and as the pulse acted, if the head had been held directly downward and the arms rotated rapidly, its own weight would have removed

the collected mucus or blood and have given the lungs air and saved the patient's life. This position, so *important* in these asphyxiated cases, seems strangely neglected in these accidents. The body must be *absolutely reversed* to do any good, *horizontal* position is not sufficient.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. Hayes Agnew, M. D.

[REPORTED BY DE F. WILLARD, M D.]

Hernia.

GENTLEMEN: The first case is a man, colored, suffering from an oblique inguinal hernia of fifteen years' duration, which he says cannot be retained by a truss, but is continually escaping beneath the pad to appear upon the pubis. Let us see if we really have an uncontrollable hernia. I expose the part, and at once every one of you ought to see the explanation of his difficulty. He has an inguinal hernia, but here is the pad of his truss pressing, not upon the canal just above the external abdominal, as it should, but down upon Poupart's ligament, or a little below it. It is of no more use than if it were about his neck, and it is strange that it should have been overlooked.

The remedy is as simple as the explanation. I merely reduce the hernia, bend the arm of the truss upward, straighten the spring, and now it fits upon the canal above Poupart's ligament, and as I tell him to rise, you will see that no hernia is visible, and if the spring is of sufficient strength he will have no further difficulty.

Why was this mistake made? Simply because the person who adapted the instrument was ignorant of the fact that Poupart's ligament was not situated at the same line with the abdomino-femoral fold. It is an inch higher up, and is marked by a plainly perceptible line, especially when the abdomen is protuberant. Remember this error, for it is one frequently made.

Portion of Gun-stock Imbedded in Forearm.

The next patient is a man who was injured some two years since by the explosion of a gun. He states that some of his clothing was driven into the arm, but he thinks that every portion was removed. Since that time, however, the wound has refused to heal, and constantly discharges an offensive pus. The anterior face of the forearm is considerably deformed and thickened by inflammatory deposit, and the middle finger is firmly flexed, so as to be perfectly useless. This shows that some irritation is being applied to its flexor muscle. There is also an interesting physiological point of interest connected with this case, for you see that more of the other fingers are thus implicated, showing that certain muscular fibers of the common flexor run to certain particular tendons of the flexor.

The contracted condition must be due either to the inflammatory deposit or to the irritation of some foreign body. The wound and its sinuses do not look as though there were dead bone beneath, and although I cannot feel any foreign body with the probe, yet it will be the best treatment to lay open these sinuses and not delay their healing by ineffectual injections, etc.

I therefore cut down through the skin and superficial fascia, lift the deep fascia upon a grooved director and divide it, avoiding the radial artery, and now the appearance of the tissues strengthens my belief that we shall find some deep-seated exciting cause for all this trouble. I therefore lift the muscles and divide them, until I have passed through the superficial set, when I come upon a hard object, which, lifted out with the forceps, proves to be a large piece of wood, evidently a portion of the stock, which has lain there through these many months. The cause being removed, the wound will heal with injections of two-grain solutions of cupri sulph., followed by dressings of carbolized oil. The adhesions which the tendon of the fingers has contracted should be forcibly stretched and broken up, motion being subsequently maintained by frequent repetitions of the manipulation.

The next case is one of

Dislocation of the Shoulder

of four weeks' standing.

The patient states that she fell down-stairs at that time, striking upon her shoulder, and that she has since been unable to use her arm. The symptoms, as you perceive, are characteristic. The arm appears lengthened, the elbow carried off from the side of the body; the shoulder flattened, and the acromion so prominent that the fingers can be easily hooked beneath it, while in the axilla a round solid tumor can be easily felt. There is, also, loss of power and inability to grasp the opposite shoulder while the elbow is held against the thorax.

For purposes of study we recognize four varieties of humeral dislocations, but the axillary form is the most common. The other varieties are the posterior or scapular, the sub-clavicular and sub-coracoid. The two anterior varieties present the same symptoms with the axillary, save that the arm is not lengthened and the axillary tumor is less distinct. The scapular form differs in this respect, that the arm is shortened and the elbow carried strongly forward and inward and against the thorax.

In the axillary dislocation the supra-spinatus muscle must be put greatly upon the stretch,

since it spoint of insertion, the greater tuberosity, is carried to a position much farther distant than normal from its point of origin. The deltoid will be also stretched, but it is the supra-spinatus which especially draws this head spasmodically up into false position beneath the neck of the scapula.

In the forward dislocation, when the head is higher up, the infra-spinatus is the muscle which is most elongated, while the supra-spinatus is also shortened, but to a less degree. The pectoralis major is relaxed. In the scapular form of luxations, where the head of the humerus forms a tumor in the infer or fossa, the sub scapularis, supra-spinatus and pectoralis major will be put upon the stretch, while the deltoid and infra spinatus will be relaxed.

The axillary is the common form, and all the others are readily converted into it by elevating the elbow and pressing down the head. Taken together, the various forms occur with more frequency than all the other luxations of the body together, a fact which may be explained by the shallowness of the glenoid cavity, the delicacy of the ligaments and the great freedom of movements of the arm.

It is an accident usually received by force, applied either directly to the parts or indirectly through the arm from the elbow or hand. This latter point is sometimes of use in detecting the difference between a fracture of the neck of the humerus and a dislocation. In fractures the lesion is almost always from direct injury, while in dislocation it is more commonly indirect. In a fracture there is also crepitation and usually elevating of the limb, while the position of the arm is quite different from this which I have already shown you.

The chief difficulty in diagnosis will arise in these cases when the head of the bone is knocked off and at the same time driven from the glenoid fossa. In these cases there will be ordinary signs of dislocation, flatness of the shoulder, a hard tumor in the axilla, etc., but there will also be crepitation and this tumor will not move in accord with the shaft of the bone below. If the patient is fully etherized there need seldom be any mistake in regard to either of these accidents.

There is an error in diagnosis, which is sometimes made in regard to contusion of the deltoid muscle. When injured, it quite frequently atrophies so that the shoulder presents very much the same flattened appearance seen in cases of dislocation; yet the axillary tumor is wanting, and although the acromion is prominent, yet the fingers cannot be locked beneath it with that readiness which is so characteristic when the head of the bone lies in the axilla.

In regard to treatment. In all recent cases reduction is usually easily accomplished; after four weeks it becomes more difficult, and after twelve it is frequently impossible. In the majority of cases I prefer the method of White or La Mothe, *i. e.*, making extension upon the arm directly *upward* in the line of the axis of the body the acromion being fixed by the heel of the surgeon, while an assistant places his fist in the axilla, simultaneously to lift out the head of the bone, and retain it there while the arm is quickly brought down to the side and across the chest, the fist also acting as a fulcrum, in case the head has not previously assumed its normal position. This is, more properly speaking, Dupuytron's modification of La Mothe's method, and is the one I like best, although perhaps the most common operation is that practiced by Cooper, *i. e.*, making the extension *downward* with the heel in the axilla to fix the scapula and subsequently to act as a fulcrum when the arm is carried across to the opposite side.

Sometimes the extension is made directly *outward*, and in fact any of these methods are usually effectual in recent cases, the chief object being to draw the head from the point where it is held by the projecting rim of the glenoid cavity. Opposition of stretced muscles is best overcome by free etherization and by elevating the arm, thus bringing the points of insertion nearer to those of origin. The tension upon the supra-spinatus will be greatly relieved by this manipulation as you must see, and the infra-spinatus and teres minor may be similarly relaxed by rotating the arm so as to turn the great tuberosity nearer to this point of origin.

When all the muscles are relaxed, reduction is easy, and it was upon this principle of allowing the muscles themselves to pull a displaced member into position that the method termed "manipulation" was introduced, and which is so successful in many displacements of various articulations of the body. In this method the arm is raised, as directed by Smith, alongside of the head, the forearm flexed, the hand then strongly supinated, and the humerus rolled out, thus relaxing every muscle which is at fault, but especially the supra and infra-spinati. The arm is now brought down to the side, being retained in its same rotated condition until the elbow touches the thorax, where the forearm is suddenly pronated and thrown across the chest.

Any of these means will answer well in simple cases; in complicated ones they may all fail, but you must not be discouraged, since success often crowns long unrewarded effort.

In old cases your every ingenuity will be taxed, since the rent in the capsular ligament often heals, and strong inflammatory adhesions bind the bone in its unnatural position.

In these cases great care is to be exercised in breaking up these adhesions, lest the axillary artery, which is sometimes fastened in the deposit, be torn and an aneurism follow. Rotation must be gently performed at first, no haste being used, until little by little the bands give way and the head moves freely.

Then, and only then, is reduction to be instituted.

Should all the above described methods fail, a fillet may be attached to the arm and several assistants, or the pulleys, employed to make the requisite extension. In all these difficult cases no special rules need to be followed; use common sense—look for the indications and fulfil them by appropriate measures. Remember the anatomy of the muscles, and use your powers in the direction in which they will offer least resistance, and do not pull so hard as to lacerate the artery. If reasonable force fails, after two or three faithful trials, it is better to allow the bone to remain unreduced and form a new socket for itself upon the neck of the scapula, than to run the risk of damaging the artery or nerves. A Jarvis adjuster is an instrument of great power, but must be used with caution.

Ulcer of Tongue.

The last case, a boy of 10 years, has several small ulcers beneath his tongue and upon the mucous lining of his cheeks, which he says have resisted treatment for several weeks, and are quite painful

As you look at him I think you will perceive the cause of this obstinacy. He has eczema capitis—enlarged cervical glands, tarsal ophthalmia, a pale face and various other evidences of a strumous taint. We must then attack the disease constitutionally, with ol. morh. ʒj, and syr. ferri. iodid., gtt. x. t. d. and milk, eggs, beef, good air and exercise.

Locally we will use Monsel's solution—liq. ferri., subulph., diluted with two parts of water, twice in the twenty-four hours, keeping the parts washed with green tea at the intermediate times.

Tinct. ferri. chlor. or cupri sulph., gr. iv. to f.ʒj. of water would answer nearly as well.

Editorial Department.

Periscope

The Treatment of Inflammation.

Dr. Charles Murchison says in a lecture published in the *British Medical Journal*:

I can here do no more than sketch, in a few lines, some of the leading principles which ought to guide you in the treatment of inflammation.

1. Remove, if possible, the cause of the inflammation. This is the first object always to be aimed at. If it can be effected it will do more good than all other remedies put together. You cannot fail to perceive how useless it would be to treat with blood-letting, purgatives, and other measures, an inflammation of the eye, or of the areolar tissue, and depending on the presence of a foreign body as long as the foreign body was allowed to remain. The surgeon has many opportunities of removing the cause of inflammation. He does this, for example, every time that he puts and maintains in apposition the broken ends of a fractured bone, or that he extracts a sequestrum of necrosed bone, or a calculus from the urinary bladder, or that he dilates a stricture of the urethra. The physician, unfortunately, is often unable to say what is the cause of the inflammations which come under his care, or, if he know the cause he may be powerless to remove it; still it is in this direction that he ought to strive. When inflammation of the stomach is excited by chemical or other irritants, the first thing to be done is to pump out or neutralize the poison. When inflammation of the same organ is due to the practice of frequent sipping of alcohol, a removal of the cause suffices to effect a cure; and all attempts at cure, while the cause remains, are useless. Inflammation of the bowels may be excited by accumulations of faces, and will cease on their removal. In uremic gastro-enteritis the main thing to be done is to endeavor to restore the action of the kidneys; and in inflammation of the lungs from inhalation of irritating particles of dust, the patient must first of all renounce his injurious occupation. Lastly, in certain cases of protracted pyelitis from the lodgment of a stone in the kidney, an attempt to remove the stone by surgical means is a feasible operation.

2. Prevent a far as possible any further stimulus to the inflamed part. Remove light from the inflamed eye and sound from the inflamed ear, and prevent food from entering the inflamed stomach. In gastritis the diet should be restricted to iced milk in small quantities. However low the patient may be it would be manifestly hurtful to give him alcohol by the mouth; but, if necessary, it may be given by the rectum. For a like reason a patient with inflammation of the lungs or kidneys must be preserved from draughts of cold air; and in acute peritonitis from a suspected perforation of the bowel, absolute rest of body is of paramount importance, while the vermicular action of the intestines is suspended by the free administration of opium.

3. Always endeavor to discover the constitutional peculiarities of the individual, and remember that for some varieties of inflammation we possess what may be called specific

remedies. Mercury will cure the inflammations of constitutional syphilis, and colchicum with alkalies those of gout. Iodide of potassium seems to act in a specific manner upon periosteal inflammations, chlorate of potash on ulcerative stomatitis, and arsenic on certain inflammations of the skin. Much difference of opinion, as you are aware, has existed on the utility of mercury in inflammation. At one time most patients with inflammation were salivated, whereas now the drug is almost universally condemned, not only as useless, but as positively injurious. The main cause of the differences of opinion which still exist on the matter is to be found in the non-recognition of the constitutional varieties of inflammation. In rheumatic pericarditis mercury has been proved, times without number, to be useless, and in the many inflammations to which persons with disease of the kidneys are liable it is always hurtful; but in syphilitic iritis, and syphilitic inflammation of the lungs, liver or other organs, mercury often acts like a charm. I am speaking now of the constitutional effects of mercury when given in frequent small doses. As an occasional aperient, or in conjunction with opium to counteract its constipating effect, mercury may be useful in other forms of inflammation than the syphilitic.

4 Moderate vascular action in the inflamed part; but, in attempting to do this, keep in view the general condition of the patient. Remembering that increased vascular action is in most instances the chief phenomenon marking the origin and spread of inflammation, it is clear that one of the chief objects in treatment must be to reduce the quantity of blood, and the rapidity of its circulation in the inflamed part. The principal measures which have been recommended for this purpose are as follows:

a. Blood-letting.—According to the manner in which the blood is drawn, blood-letting is said to be either *general* or *local*. In the former case, blood is taken from one opening in a large vein, and its removal can only act upon the inflamed part through the general circulation; in the latter case, we endeavor by a number of small openings into minute vessels made by leech-bites, or the scarificator of a cupping instrument, to take blood directly from the part which is inflamed. You are aware that blood-letting, both general and local, was at one time the universal treatment for inflammation, but that the letting of blood in any way is now one of the rarest of surgical operations. In my introductory lecture I pointed out to you that an attempt had been made to account for this revolution in medical practice on the supposition that inflammations had changed their type; that formerly they were sthenic and required blood-letting, but that now they are asthenic and are injured by depletion. I endeavored to show you, however, that this view of the matter is untenable; and I need only now repeat that in some parts of the world it is still the fashion to treat inflammations by copious blood letting, and that it is difficult to imagine how the type of inflammation could have changed in one country and not in another. There can be no doubt that much mischief was done in former days by copious general bleedings in inflammation. In order to diminish effectually the quantity of blood in the inflamed part through the general circulation, it is necessary to take such a quantity of blood that its quality becomes impoverished, while the heart's action is weakened and the reparative powers of the system are impaired. But the same objection does not apply to local bleedings. In many of the inflammations at or near the surface of the body which come under the notice of the surgeon, the effect of local bleeding in relieving pain, diminishing congestion, and otherwise moderating the intensity of the inflammatory process, is so immediate and marked that is difficult to understand the modern antipathy in this country to blood-letting in any form. It is argued that the loss of even a small quantity of blood weakens the entire system, and especially impairs the vitality of the inflamed part; but such statements have been chiefly advanced by writers who have had little or no experience of the effects of blood-letting themselves, and are, as I think, contrary to the evidence of our senses, while repeatedly you will have occasion to observe that a congestion of the brain or of the lungs is at once relieved by a natural hemorrhage—by a copious epistaxis or hemoptysis. There is one important difference, however, as regards local bleeding, between an inflammation of some internal organ and one on the outer surface of the body. In the latter case there is no difficulty in understanding how local bleeding diminishes the quantity of blood in the inflamed part, but it is not so in the former. When, for instance, you apply leeches to the chest in a case of pleurisy, you draw blood from the skin, but how is this to relieve the inflamed pleura? The opponents of blood-letting say that the vessels of the pleura can only be affected through the general circulation, and that the amount of blood drawn by the leeches is much too small to operate beneficially in this way; yet, on calm consideration, you must see that it is not necessary for local depletion to act beneficially that it should do so through the general circulation. It may do so through the nearest arterial trunk, which is in common to the external surface and the inflamed organ. The intercostal artery can only transmit a certain amount of blood, and when the blood is made to flow from its superficial branches, less will go to the deeper branches. But whatever be the explanation there can be no doubt of the clinical fact that the intensity of inflammation may often be moderated by local blood-letting, and this, too, without any injury to the patient. In inflammations, for example, of the liver or intestines, I have repeatedly observed

the most marked and immediate relief follow the application of leeches to the abdomen or around the anus. Still, you must not have recourse to blood-letting in every case of inflammation. It is only in the early stages of inflammation, or when it is advancing, that you can expect it to do good. You must also abstain from blood-letting in persons of debilitated constitution, or when the inflammation has been excited by an animal poison or some other morbid condition of the blood.

b. Cold.—The common practice in this country is to apply moist heat to an inflamed part on the surface of the body from the very commencement; but it does not appear to me that any scientific reason can be given for the practice. Heat increases determination of blood to a part, and therefore seems calculated to increase the inflammation; whereas cold constricts the vessels and diminishes the supply of blood. and in Germany more especially has been found most efficacious in subduing inflammation. On this subject I would advise your reading an admirable essay by Professor Esmarch of Kiel, entitled *On the Use of Cold in Surgery.* Professor Esmarch declares that of all remedies for surgical inflammations it is most important, and that without it he would rather not be a surgeon. The continuous application of cold by means of ice-bags has also been found very efficacious in some inflammations which come under the care of the physician, as in rheumatic inflammation of the joints, and inflammations of internal parts which are near the surface, as the pericardium and peritoneum. But in deep-seated inflammations, cold to the surface may act injuriously by driving blood from the skin to the inflamed part. Cold is also contra-indicated when the inflammatory process is subsiding, and when we have to deal solely with its products. Under these circumstances—

c External Heat, in the form of poultices and fomentations, will be preferable, by means of which we hope to produce a derivation of blood from the part to the skin.

d. Counter-irritation by sinapisms, turpentine stupes, and blisters, acts in a similar manner to external heat, and is often of great utility. One caution I would give you respecting blisters: they are often applied in the early stage of inflammation; and when this is near the surface, as in pleurisy, pericarditis, or peritonitis, the irritation may be propagated inward, and increase the mischief which they are in ended to allay. It is in chronic inflammations that blisters are most useful.

e. Purgatives were at one time used to a mischievous extent in all inflammations; but in inflammations of certain parts of the body they certainly act most efficaciously, by causing a derivation of blood from the inflamed part. In inflammatory affections of the liver, the best treatment is often free purgation. Purgatives in moderation are also useful as one means of elimination from the body the products of inflammatory pyrexia.

f. Position may modify the amount of blood in any inflamed part. When a limb is inflamed, you take care not to let it hang down; when there is inflammation within the cranium, it is well to keep the head raised; and when there is inflammation of the spinal cord or its membranes, the patient had better not lie on his back.

g. Belladonna, when applied locally to an inflamed part, causes constriction of the vessels, diminishes the supply of blood, and often gives great relief; but in the case of internal inflammations there is no reason to think that belladonna entering the blood would exert its constricting effect on the vessels in the inflamed in preference to those of any other part.

5 You will treat the pyrexia accompanying inflammation according to the principles laid down in my last lecture. You will remember that *aconite* is often of great value for reducing the pulse and temperature in the pyrexia of inflammation, and that *antimony* is especially useful in the same way in inflammations of the mucous membrane of the air passages, where it also appears to relieve congestion by promoting free transudation to the free surface of the inflamed membrane. As I have already told you, antimony is contraindicated when the heart's action is weak As regards diet and stimulants, you must be guided by the same rules in inflammation as in pyrexia. In the advanced stages of inflammation, and especially when there is suppuration, ulceration, or gangrene, it will be necessary to give abundance of nutritious food and to stimulate freely. Under these circumstances, also, benefit will be derived from quinine, iron, and the mineral acids.

6. *Sedatives*, but particularly *opium* and its preparations, are often of great use in inflammations, for relieving pain, procuring sleep, keeping the inflamed parts at rest, and rendering them less irritable. In acute inflammation of the peritoneum, opium in large and repeated doses is a remedy on which we mainly rely; but opium in any form ought never to be given in inflammation of the kidneys, and only with the greatest caution in inflammatory affections of the lungs. In the former case it increases the difficulty which the inflamed kidneys have already to contend with in eliminating the products of pyrexial metamorphosis; in the latter, it leads to the accumulation in the bronchi of inflammatory products, and thus favors a fatal termination by apnœa.

7. Lastly, in the treatment of inflammations you must ever keep in view the dangers likely to arise from derangement of the functions of the inflamed part. In gastritis you will beware of irritating the stomach by drugs or by inappropriate food or stimulants, and in extreme cases you will give nutriment for a time

entirely by the rectum; in enteritis you will check diarrhea; in laryngitis you will be prepared to admit air to the lungs by tracheotomy; in accumulations of inflammatory products in the pleura you will consider the propriety of paracentesis; and when the lungs are so extensively inflamed or congested that the portion which remains free does not suffice to transmit the blood of the entire body, and the patient is threatened with asphyxia, you must not scruple in having recourse to venesection.

Inebriates and their Cure.

Dr. DODGE, of the New York State Inebriate Asylum, says in his last report:

I will now consider, first, what is meant by an inebriate; secondly, how and by what means a cure can be affected.

There is a class of persons in our midst whose temperament and physical constitution are such that, when they once indulge in the use of alcoholic drinks, they not only recognize what appears to them a pleasure, but an actual necessity. A man of this peculiar habit and disposition takes his first social glass, and gradually and unconsciously becomes a moderate drinker. The point or time when he ceases to be a moderate, and becomes an excessive drinker, he is unable to see or determine. He realizes the fact that he has at last become the slave to a despotic appetite—his whole organization is changed, his moral nature is perverted, his intellectual faculties are blunted, and he finally succumbs to a morbid appetite and a disease that is rapidly destroying mind and body. In this state his stomach, nervous system and brain, demand and continually cry out for their accustomed stimulant, and admit of no denial. In his case there is a constant increase in the quantity of stimulus taken, and it is a pathological truth that there is a proportional diminution in its effects, until the time will finally arrive when the confirmed inebriate, cachectic physically, and demented and imbruted mentally, has but one single object to live for, viz.: to satisfy a morbid appetite and craving for alcohol, when really enough cannot be taken to support an exhausted system. This class of inebriates illustrates a form of mental derangement known as dipsomania, from which but few if any ever recover. Fortunately, this hopeless class are comparatively few in number. That man is truly suffering from a weakness, and that weakness is both a functional and organic disease which he is absolutely powerless to relieve and cure unassisted, since, in addition to the habit, the same weakness of will that lead to the disease, obstructs its removal. These cases evidently possess a peculiarity of constitution or temperament which may, with propriety, be termed an alcoholic idiosyncrasy. Another peculiar feature, in connection with one class of inebriates is, an alcoholic diathesis, or hereditary predisposition to drunkenness. This is not only evident, but well marked in a goodly number of patients admitted to this asylum. The statistics show a large percentage who have intemperate, or who have had intemperate parents or ancestors. I find, by referring to the record, that out of three hundred and seventy-nine, the whole number admitted during the past twenty months, one hundred and eighty-nine have inherited the disease from intemperate parents or ancestors, and these men are nearly all periodical drinkers. It is a well established fact, that of those who inherit the predisposition to alcoholism, by far the largest proportion lead a miserable eisxtence, and few escape being afflicted with disease or physical deformity, and frequently with both combined in one; and it is a notorious fact that of all the crimes committed, seventy-five per cent. is chargeable to intemperance alone. It furnishes a large majority of subjects for our poor-houses, insane asylums, work-houses, penitentiaries and prisons. What is equally as well known to medical men, is the pathological fact or facts that intemperance is a frequent cause of scrofula, and may be held responsible for more than fifty per cent. of all the cases of idiocy and insanity; and when we add to disease and dementia, that intemperance is the father of all crime, how necessary, how imperative, that the State should come to the relief of the public by providing suitable asylums for the inebriate, where he may resort for cure and reformation, thus lessening the temptation to inebriety and decreasing the number of its victims. Admitting the fact, that we cannot entirely remove the one great cause of disease and crime, it is none the less our duty to do all in our power to lessen the temptation to intemperance, and ameliorate the condition of the unfortunate inebriate and the evil consequences following in the wake of his deplorable habit. By such a course we shall merit the thanks and blessings of all directly interested parties and at the same time perform excellent service to the State.

Secondly. How and by what means a cure is effected. Nearly all patients on their admission, require medical treatment. Stimulant, sedative and narcotic remedies are usually administered at the outset, followed by alterative medicines to improve and correct the secretions; after which, tonics, both vegetable and mineral, are given, calculated to add tone and strength to the system. When we have organic disease, appropriate remedies, adapted to each particular case, are administered to relieve and assist nature in removing the same. Outside of these functional and organic difficulties very little medical treatment is demanded or required. Our main reliance is upon sanitary measures, remedial rather than medicinal, and essential to improve and invigorate the physical organization, and as a result adding strength, in the

same ratio to the mental faculties, thus enabling the patient in the future to assert and maintain his self-respect and self-control. In this connection, it may be well to state that, as soon as our patient is convalescent, but little, if any, medicine is given, and our main reliance is placed upon the following sanitary and hygienic measures: retirement from business and the busy scenes of every-day life, quiet, reading, writing, pure air, well ventilated rooms, good nourishing diet, regular hours for meals, rising and retiring, proper physical exercise, such as our-door games, walking and such mechanical employment as taste and inclination may dictate and opportunity afford. These measures are strongly recommended and urged upon all as conducive to a healthful condition of mind and body, assisting materially in breaking up former habits and association, driving from the mind those old companions of an intemperate life, forming new thoughts, new ideas and new and better habits, necessitating a new being and a new life in every respect, and finally convincing all reasonable men who have been addicted to the excessive use of strong drinks that stimulants are not only useless, but absolutely injurious.

On Liquid Nitrous Oxide.

Prof. E. ANDREWS writes to the *Chicago Medical Examiner:*

It is well-known that under a pressure of about 750 pounds to the square inch nitrous oxide condenses to a liquid, while the free nitrogen and oxygen, contained as impurities in it, remain in the gaseous form in the top of the receiver, hence the condensation serves as a means of separating the oxide from the other gases. The liquid was contained in a strong iron flask about four inches wide and twelve inches long. When it was desired to use the anæsthetic a faucet was turned slightly, allowing the gas to escape into a rubber tube leading to a small sack, and thence to an ordinary inhaler, so contrived, with valves, that the inspirations were drawn from the sack and the expirations pass into the open air.

CASE 1. Five fingers to be amputated for frost bite, followed by mortification. The patient came under the influence slowly and with difficulty. At length his consciousness seemed to be gone, and his countenance presented the blue asphyxiated look characteristic of full anæsthesia by nitrous oxide, nevertheless he writhed and struggled during a large part of the operation, and afterward complained that he felt every cut. The result was decidedly unsatisfactory.

CASE 2. This was mortification of a single finger requiring amputation. The patient was given the gas more freely, by turning on a more copious stream from the flask. He was anæsthetized in about forty seconds, and went through the operation without any consciousness of pain.

CASE 3. This was an operation upon varicose veins in the leg. The patient went under the influence of the anæsthetic in thirty-five seconds, obtaining a complete insensibility. In this state I injected the veins of the leg in about ten places with tincture of iron, without causing any pain.

CASE 4. The inhalation commenced, but the supply of gas gave out, and the anæsthesia was completed with ether.

It is stated that the operation of ovariotomy has been performed under the successful influence of this anæsthetic in New York.

The present state of knowledge on the subject, derived largely from my own investigations, may be summed up in the following propositions:

1. Nitrous oxide is the safest anæsthetic known. In a laborious collection of statistics which I made, embracing over 200,000 cases, I showed that the mortality of these articles was nearly as follows:

Chloroform, one death in 2,723 cases; sulphuric ether, one death in 23,204 cases; mixed chloroform and ether, one death in 5,588; bichloride of methylene, one death in about 7,000; nitrous oxide, no death in 75,000.

2 Nitrous oxide anæsthetizes the patient in about forty seconds, while the other articles require from five to twenty minutes. The patient also awakes quickly, and does not suffer from nausea afterward.

3. The liquefaction of the gas renders it portable, so that it can now be easily carried to patient's houses.

4. The expense, after the manufacture and sale, are well established and will probably be less than that of ether

5. Nitrous oxide always produces a purplish flush of the face, indicating partial asphyxia, though without any sense of dyspnœa, hence it cannot, in prolonged operations, be given continuously, but must be alternated with short intervals of breathing atmospheric air, renewing inhalation of the gas as often as the duskiness of the countenance subsides.

6. It is not certain yet that all patients can be kept steadily asleep in this manner. Some of them seem to arouse after the first short sleep, and cannot be again fully quieted, even if the gas be pushed to the production of a decided flush of asphyxia in the countenance. Perhaps further experiments will remove this difficulty.

7. Nitrious oxide, in the gaseous form, may be mixed with one-fourth its bulk of free oxygen, and then does not asphyxiate. In my experiments on this subject I kept one patient nine minutes breathing the mixture, but the anæsthesia was less profound than was desirable.

8. If the patient be kept absolutely on pure nitrous oxide alone, he will die by asphyxia in spite of the general safety of the article, as it is incapable of oxidating the blood. The assistant administering it must pay attention to this matter, and give atmospheric air as

required. I placed a rat in nitrous oxide gas from a dentist's gasometer, and the animal died in ten minutes, while another rat placed in a jar of the gas mixed with pure oxygen, remained in it half an hour and was taken out alive.

9. Although it is not yet certain that the nitrous oxide can be made generally available for long operations, it is already for all short ones the most convenient, safe and pleasant anæsthetic known.

On Sea Sickness,

SIR JAMES ALDERSON says on this subject in the *British Medical Journal:*

Sickness is sometimes produced by waltzing. In this case the same theory of pressure on the brain holds good; but during rapid gyration in waltzing the blood is acted on differently: it is centrifugal force which causes the blood to rise in the vessels supplied to the brain. There is an additional cause of cerebral disturbance from the confusion of objects rapidly presented to the eye; from this comes giddiness.

In reference to sickness brought on by swinging, I cannot do better than quote Dr. Wollaston: "Sickness, by swinging, is evidently from the same cause as sea-sickness, and that direction of the motion which occasions the most piercing sensation of uneasiness, is conformable to the same explanation already given. It is in descending forward that this sensation is perceived, for then the blood has the greatest tendency to move from the feet toward the head, since the line joining them is in the direction of the motion; but when in the decent backward, the motion is transverse to the line of the body, it occasions but little inconvenience, because the tendency to propel the blood towards the head is then inconsiderable."

This last observation of Dr. Wollaston, quite accurate as to the result, plainly suggests the practial bearing of the subject. Knowing the mode in which the ship's movement acts on the brain, we are at once furnished with the only rational way of averting sea-sickness.

The first point is wholly to avoid the upright posture. Every one knows that it is a common practice to lie down, and this is done almost instinctively, but it is also known that to do so, though frequently successful, is not invariably so. The way in which the motion in a swing affects the brain affords the proper explanation why lying down is not invariably successful; and shows that it is necessary, not only to take a recumbent position, but to lie in the right direction. A person lying down with the feet toward the bows of a ship is, whilst it descends in pitching, in the same position as a person in a swing descending forward, in which case we have seen that sickness is produced by blood being forced upon the brain. On the contrary, a person lying down with his head toward the bows is, during the descent of the ship, in the position of one descending backward in a swing, in which case the pressure by the blood will be toward the feet, and, therefore, relief rather than an inconvenience will be felt, the tendency being to reduce the natural supply of blood to the brain. It is necessary, therefore, not only to lie down, but to do so with the head to the bows; and it is highly desirable that this position should be assumed before the ship begins to move. There is a secondary advantage to be gained by closing the eyes, and so shutting out the confusion arising from the movement of surrounding objects.

If the philosophical explanation here given be the correct one, which there is no reason to doubt, it adds one more to many unanswerable objections to the device of taking passengers in railway carriages on board gigantic vessels. No relief would be afforded by that plan to the miseries of sea-sickness, since, except in a perfect calm, nothing can prevent the rising and falling of the ship, and the consequent action of the blood upon the brain. The sitting posture would be equally unfavorable with the upright, and there would be, in addition, the common motion of a carriage, which alone, with some persons, produces sickness.

It is well to forbear imagining the miseries of sitting, shut up, face to face, with fellow sufferers, and, at the end of the voyage, of missing the one consolation of leaving the scene of your sickness, with all its disgusting evidences behind, and getting into a clean and pure conveyance free from late contaminations.

It is beside the subject of this paper to discuss the danger of unstable equilibrium from deck-loading, which must raise the center of gravity and depress the metacenter; also to hint that engineers may promise immunity from danger, whilst the melancholy fate of the *Captain* forbids us to trust in their scientific calculations. One thing is more than probable, that, in rough weather, deck-loading will produce heavy rolling motion.

Management of Yellow Fever.

At a recent meeting of the New York Academy of Medicine, referred to in the New York *Medical Journal*, Dr. NOTT was called upon to give his experience in the practical management of the disease. He said that the clinical history of the affection was well defined; and though different cases varied much, the following might be taken as an example of its typical course: The subject, apparently in perfect health, is attacked suddenly, oftenest perhaps at night, awaking with a chill, severe headache, violent pains in back, limbs and other parts of the body. In the course of fifteen to thirty minutes reaction comes on, and fever sets in—not very high, the pulse ranging from

90 to 110. This pyrexia may last from thirty-six to seventy-two hours; its usual duration, in the disease as it appears at Mobile and New Orleans, being forty to forty-eight hours. Then succeeds the stage of calm. The feverishness is gone, the pulse normal, the skin naturally moist, the tongue healthy in appearance. This continues about forty-eight hours longer, bringing the case to the end of the fourth day. Now occurs the stage of collapse, attended with black vomit, and ending in death, which begins at the heart.

As to treatment, there was no specific. Bleeding was out of date. Mercury was useless, and so were purgatives. Quinine was of value only to relieve the muscular pains, which made so large a part of the patient's suffering. The two great indications were, first, to disturb the stomach by drugs as little as possible; second, to preserve the patient's strength against the stage of collapse, which must come. He must be nursed through, not forced through. Careful nursing in the earlier stages, judicious support in the latter, were about the whole treatment. In most cases alcoholic stimulants were required by the third or fourth day, the special form being a matter of taste. Iced mint-juleps were commonly grateful; but sometimes champagne had the best effect. If the stomach was too irritable to take stimulus and nutriment, these must be administered by the rectum. It was very important to keep the patient in the recumbent position, and to avoid every source of exhaustion. If, after he had passed the fourth day, you could only ward off death for forty-eight hours longer, he was pretty sure to rally, and then to enter upon a rapid convalescence. It was remarkable that a man could come through so terrible a desease with so little sign of wear and tear. Often you might find him heartily enjoying a beefsteak or a mutton-chop eight or ten days after he had been lying at the point of death. Herein was a marked distinction between this fever and intermittent or remittent.

The older writers on yellow fever spoke of taking with advantage even one hundred or one hundred and fifty ounces of blood. At the present day, certainly, such treatment could not be borne. In his earlier practice the speaker had bled two yellow fever patients, and one fainted at ten ounces, the other at eight. This had taught him a lesson; and since then he had seen not more than one case in forty or fifty that would justify the lancet. It might be used when brain symptoms were manifested; but it was a characteristic of the fever that the mind was generally clear throughout. Yet the men who practiced those heavy bleedings had as good minds, at good powers of observation, as ourselves. It was impossible they should have been wholly deceived about the effect of the remedy; and the only reasonable supposition was, that the type of the disease had changed.

Air in the Veins.

M. TRÉLAT related, at a meeting of the Société de Chirurgie of Paris, on February 21st, an important case in which sudden death occurred in a patient from whom he was proceeding to remove a submaxillary tumor. The patient changed color and the heart-sounds ceased suddenly. Artificial respiration and electrization of the phrenic nerve induced some respirations and a slight return of color after fifteen minutes, but ineffectually. At the necropsy, a small vein opening into the external jugular, was found to have been partially divided; in the jugular was a long clot, segmented by air-blebs, and other bubbles of air were found in one of the mediastinal veins and the posterior cardiac vein, and a very notable quantity of air in the right cardiac cavities. The question raised was, whether the death was due to this cause or to the action of the chloroform. M. Perrin and M. Marc Sée attributed the death to chloroform; and M. Giraldès believed that the entrance of air in the veins acted with the chloroform in producing the fatal result. He stated that, in three cases of death from chloroform, he had found gases in the heart, in the vena cava, and even in the veins of the pelvis. Roux had made a similar observation. But M. Depaul pointed out that the air in this case occupied only the veins going to the heart, and the wounded vein. M. Perrin and M. Depaul were much in favor of artificial respiration by a tracheal catheter and bellows.

The Anatomy of Suicide.

The Academy of Sciences has received a paper in which M. Descaisnes seeks to explain the excess of suicide which has long distinguished Paris. With all our November fogs we have but one voluntary death in 175—a sufficiently distressing proportion. Paris has one in 72. With us, the proportion tends to decrease; in Paris, unhappily, it continues to augment. M. Descaisnes invokes as causes—1, the democratic fury—*morbus democraticus*—a purely imaginary and ideal cause, inasmuch as in the most democratic country in the world, America, the suicides are most frequent; 2, the weakening of religious faith; 3. the progress of alcoholism.—*British Med. Jou.*

Xylol in Small-pox.

Dr. BUNNAN says, in the *British Medical Journal:* I have, during the last few weeks of the prevailing epidemic of small-pox here, used xylol with most satisfactory results. I do not, however, agree with giving it in capsules, as recommended, simply on account of the great difficulty generally experienced by patients in swallowing during the severer stages of the disease; nor is it miscible with water alone, as stated. I have given it in doses to adults of 20 minims every three or four hours, either in milk or mixture of almonds; the lat-

ter I prefer. I should be glad to hear of its extensive use, as I believe in its efficacy, although I cannot define its specific action.

Poisoning by Vanilla-ices.

The German medical journals call attention to the circumstance that several cases of poisoning by vanilla-ices have in late years occurred in Paris, Altona, Munich, Vienna, and other places. MAURER has recently related an instance in which, after the use of these ices, a large family suffered from the symptoms described as having been present in the other cases, viz., frequent vomiting diarrhea, assuming in some of the patients a choleriform character. All the patients recovered. What the nature of the poison is, has not yet been ascertained. In two observations on the remaining portions of the poisonous ices, traces of lead, iron, and tin were present; but the combination of lactic acid with oxide of tin has been ascertained not to be poisonous. SCHROFF believes that the poison is produced by the use of cashew-nut oil to besmear the vanilla-pods.

Reviews and Book Notices.

NOTES ON BOOKS.

——The "American Antiquarian Publishing Society" have undertaken the republication of a *fac simile* of ABBE CLAUDE QUILLET'S *Callipædiæ, or an Art how to have Handsome Children*, as translated and printed at London, 1708, 1710. We remember examining this curious treatise some years ago, and can say that physiologically (as might be guessed) it is of no earthly value. The first four lines explain its purpose:

> "I sing the pleasures of the nuptial bed,
> And the fair product of the genial seed,
> What skies, propitious to the dear embrace,
> Imprint their brightness on a beauteous face."

That will do for an Abbot! For sale by Howard Challen. Price, $2.00.

——We notice the appearance of the third and last volume of the fine library edition of Sir JAMES SIMPSON'S works, published by Messrs. A. & C. Black. The first volume includes an outline of his famous lectures on Midwifery, and his most important select papers on obstetrical and gynæcological subjects. The second volume includes his historical labors on Anæsthesia, Hospitalism, etc.; and the last consists of a body of fifty clinical lectures, ten of which are now published for the first time. Each volume is complete in itself; but few, we apprehend, within whose reach these volumes lie, will be content to deprive themselves of the pleasure and advantage of possessing this standard edition of the principal works of the greatest obstetrician of our century.

——The *British Medical Journal* says:

"We are often asked by correspondents for information as to the proper forms and methods of dealing with an insane patient; and, for want of such knowledge, much and serious inconvenience has sometimes been experienced by medical men. Dr. WINN has had the happy idea of publishing a little handybook of *Plain Directions for Dealing with an Insane Patient* (Hardwicke, London), which will precisely meet this frequent want. It is very concise and clear, and will be useful to all who from time to time stand in need of information on the subject in the course of their practice."

BOOK NOTICES.

The Cranial Affinities of Man and the Ape. By Prof. RUD. VIRCHOW. Boston: Lee & Shepard. Paper; pages 54. Price 25 cents. For sale by A. Martien.

This essay is written with Prof. VIRCHOW'S well known acumen, and is most interesting as well as very instructive reading. He does not agree with CARL VOGT, in the latter's belief that evidence exists showing man's descent from anthropoid apes. Whether true or not, such an opinion is not yet confirmed by science, and the author argues that whereas Darwinians and orthodox theologians (!) unite in insisting on the facile blending of specific types, calm science and known history so far oppose such a view.

The essay is most able, by far the most conclusive we have yet seen on the subject but we cannot praise either the translating or the proof-reading to which it has been subjected. On page 40 we read: "No naturalist has affirmed that any of the known and non-existing families of monkeys, is the ancestor of man"—an obvious carelessness. The paragraph at the middle of page 45 lacks both sense and grammar. On page 48 it is stated; "The admission that the jaw of the idiot and ape cannot be confounded, must not be underrated;" whereas, it is clear from the context, precisely the opposite is asserted in the original, namely, that they *can* be confounded. Many other such errors occur, greatly detracting from the worth of the translation.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 20, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE VACANT CHAIR IN THE JEFFERSON MEDICAL COLLEGE.

The recent death of Dr. SAMUEL HENRY DIXON, Professor of the Practice of Medicine in the Jefferson Medical College, will be deeply regretted, not merely by his personal friends, but by the many thousand students who have profited by his lucid instructions, and have experienced his uniform kindness of heart. Few men, indeed, have united so happily profound erudition and singular power in instruction, with those qualities of heart which gain the love of all who approached him. We mean this tribute, not in conventional respect to a departed teacher, but as a slight testimony to many kind acts of which we have personally been recipients, and which we know he has with like liberality shown to others.

His death has left vacant one of the most important professorships in the institution over which he so long presided. The Chair of the Practice of Medicine is that on which, perhaps beyond all others, the real utility and hence the reputation of the college depends. It is concerned with the highest branch of medical science—that where the theoretical studies of the other departments are applied the recognition, the prevention, and the treatment of disease. Excepting the arts of surgery and obstetrics, which are practiced much less in comparison, this is the only department which instructs the student in that which is to be his real employment. How judicious, therefore, should be the selection of a person to fill this position! To be a skilled physician of good character is not enough for such a post; capacity for instruction, experience in lecturing, a broad acquaintance with the past and present of medical science, familiarity with other languages, an acknowledged command of our own both in writing, speaking, and a general recognition of fitness for the post by the profession at large, are not less essential to the occupant of that chair.

We have heard of several gentlemen mentioned as possible candidates, who can lay just claims to our respect; but among them all we know none more suitable in every respect than Dr. J. M. DACOSTA, who is already so widely and favorably known as a clinical teacher and medical author.

In our brief space we cannot at all do justice to the many able contributions to medical science which Dr. DACOSTA has published within the last score of years; and we can the more readily excuse ourselves from any exhausted mention of them, for they are nearly all familiar to our readers, and are standing authorities on the various subjects of which they treat.

The most extended of these works is his *Medical Diagnosis, with special reference to Practical Medicine*, first published in 1864, and received with such favor by the profession that three editions were exhausted with well-nigh unprecedented rapidity. We have repeatedly published in the pages of this journal the voluntary testimony of physicians to the great value of this work. It is acknowledged both in England and this country to be the very best text-book on the subject in the language.

This was by no means the author's earliest contribution to his profession. In 1852 his essay *On Epithelial Tumors and Cancer of the Skin* excited very general attention, and his views there expressed have received the approbation of later writers. Three years after his *Inquiry into the Pathological Anatomy of Acute Pneumonia* appeared in the *American Journal of the Medical Sciences*. This embraced the results of a series of laborious researches into the pathology of the lung, and anticipated views which have since been presented by other observers, and are now recognized by all. A similar investigation *On the Morbid Anatomy and Symptoms of Cancer of the Pancreas*, appeared by him in the Proceedings of the Pathological Society of Philadelphia for 1858. In this paper thirty-seven cases of this obscure disease are carefully tabulated, and its symptoms described with the greatest distinctness.

The Charleston *Medical Journal* of the following year contains an article from his pen on *Serous Apoplexy*, in which the view that this exists as a separate disease is ably sustained against many modern writers; and the *American Journal of the Medical Sciences* of the same date contains his study on the blowing sounds of the pulmonary artery in health, and the effect on them and on the heart of the act of inspiration, an article which was the first to settle the value, and almost the first to call attention to this important physical sign.

During the last decade Dr. DACOSTA has not permitted the duties of a large hospital and private practice to dissever him from his early devotion to the scientific side of the profession. On the contrary, his articles have been many, and continually characterized by a remarkable fidelity of observation and justness of generalization.

The method of treating diseases by the inhalation of atomized fluids received from him early and intimate study, the results of which were published in various articles, and subsequently in a separate volume entitled *Inhalation in the Treatment of Diseases of the Respiratory Passages*, 1867. While engaged as visiting physician to one of our large military hospitals during the war, he made a series of observations on the diseases of the heart noticed among soldiers, a summary of which, containing much of interest to both physicians and surgeons, is contained in one of the volumes published by the U. S. Sanitary Commission. We need hardly say to our readers in this connection that to the diseases of this central organ, the heart, Dr. DACOSTA has probably given more successful attention than any other American physician. His discussion of *Functional Valvular Disorders of the Heart*, and his admirable essay on *Irritable Heart*, published in the *American Journal* last year and year before last, are present in the memory of all physicians who pretend to keep up their professional reading. The same may be said of his article on *Membranous Enteritis*, published last year, a disease previously almost undescribed.

The two volumes of the *Pennsylvania Hospital Reports*, which were edited by Dr. DACOSTA, contain a number of papers from his pen which we have seen quoted and commended by nearly all the leading medical periodicals of Europe. Of these we may especially mention his *Observations on the Action of Narcein*, on *Muscular Rheumatism, especially Wry-neck*, on the *Therapeutics of Acute Rheumatism*, etc.

We have as yet said nothing about numerous papers he has read before the Pathological and other medical societies; many lesser contributions to various journals; and his clinical lectures which have appeared in this and other periodicals, and many of which have been quoted in Schmidt's *Jahrbücher*, and other foreign epitomes of practical medicine. We have not space to enumerate these; but we cannot refrain from expressing the pleasure which we have found, and all physicians of culture will find, in the perusal of a most entertaining, introductory lecture, delivered by him in 1857, on *The Physicians of the Last*

Century. Few essays on medical history present so much in so agreeable a style. It indicates not merely a wide reading, but a delicate sense of the niceties of character and a power of portraying them in words rarely blended.

Of Dr. DaCosta as a lecturer, a teacher, we need say nothing; for a constant practice of nearly twenty years in this difficult art has made him known throughout our country as one of its masters. Still less need we refer to his personal qualities in such a connection; for no one would question these. In fine, as one of the alumni of the Jefferson Medical College, we cannot wish for it a more judicious selection than the one we have indicated.

HOW SHALL WE WRITE PRESCRIPTIONS?

The commission recently appointed in New York city to examine into the competency of druggists created no little stir among members of that avocation, both there and elsewhere, by their reports and investigations.

Most of our readers have doubtless noticed the general ignorance of Latin which the commission found among those whose business it is to put up prescriptions, constantly requiring the most fatal ingredients, and written in this dead language. The crucial test on which nearly every applicant failed was of the following nature:

℞. Tinct. gentianæ, ℥j
Infus. ejusdem, ℥j. M.

The prescription clerks, almost to a man, maintained that among all the drugs, herbs, chemical compounds, and galenicals they had ever handled, they never yet had been asked for *ejusdem*, whether in tincture, pill-form or fluid extract. They probably regarded it as some unofficial innovation, or unheard of new remedy, not yet on the price lists.

The really educated men in the drug trade felt considerable annoyance at this exposure of the simple-mindedness of their associates, but found it not altogether easy to explain satisfactorily to the general public. Some of them did find it quite easy, however, to shift the blame, and say it is all the fault of the doctors for writing such villainous dog-latin as they constantly do!

The *Chicago Pharmacist*, for instance, like a boy at corner-ball who has been "socked," thus passes the blow to the next neighbor:

"As no one has constituted himself a censor, to peer into the wonderful specimens of classical lore revealed by every file of prescriptions, physicians can afford a sneer and a laugh at the expense of the overworked apothecary, who, having passed the ordeal in accordance with Parrish, Pareira and Fowns, finds himself confronted with some Ciceronic authority. It is undoubtedly too true that the classical has been greatly sacrificed to the utilitarian by American apothecaries; but it is equally the fact that physicians are more to blame for this retrograding step (for so we must regard it) in a scientific calling, than are apothecaries themselves. In this country, the use of Latin in prescriptions, excepting only in Latinized names of medical compounds, is well nigh extinct. What wonder, then, that apothecaries should neglect the scientific part of the prescriptions, when it is cast off by practitioners of medicine, or merely exists as a nondescript article, not amenable to any rules of Latin grammar?

The *Druggists' Circular* confesses the list and meets it squarely, intimating that this utter ignorance of Latin is nothing to be ashamed of, and that it is full time that the effete pretense of writing prescriptions in a language which the writer cannot compose correctly nor the one written to read intelligently, should be forthwith dropped. That journal says:

"That pharmacy as pharmacy has anything to do with classical studies is absurd, and it is denied that the use of such words as "ejusdem," although in good usage, is at all essential. Physicians are not obliged to write their prescriptions in Latin, or any other dead language, while the use of Latin terms or scientific words for drugs, etc., is essential, because such words or terms are the only definite ones. Thus we have half a dozen varieties of snakeroot, so called, and but one lap-

tandra virginica, or cimicifuga racemosa, etc., in use."

On the other hand the *American Journal of Pharmacy*, learned, conservative and traditional, takes occasion to maintain the importance of correct Latinity in prescriptions, sufficient education to read them on the part of druggists, and quotes the old arguments against the use of English in recipes.

We are glad that this question has been brought to general discussion in this manner. We coincide entirely with the writer in the *Druggists' Circular*) that the time has come when this retaining of Latin in prescriptions is worse than a pedantic affectation. *That* it hardly is, for pedantry implies some knowledge, but we are free to say that we *scarcely ever* see a recipe in even decent Latin, not to speak of "Ciceronic" diction. Not one physician in ten can construe a page of Cæsar, were it to save his palm from the ferrule, and what a ridiculous assumption it is therefore to pretend, to write in that language.

The objections urged against the use of English are wholly groundless, and a very short examination will prove them so. We do not say use the common English names of drugs, but use their proper scientific officinal appellations, botanical or chemical, and drop the absurd attempt to torture them into genitives and accusatives; instead of the Roman numerals, use the Arabic figures; and in place of the hieroglyphs and abbreviations now so much in favor, write out in plain English what the articles, quantities and directions are. It is more tedious, perhaps, to set down, "a teaspoonful three times a day," than "f.ʒj. t. d.;" but we are paid to do our work in the best manner possible and we should not shirk this duty.

Notes and Comments.

Private Instruction.

The several classes for private instruction are commencing their spring sessions in this city, with a good attendance. Dr. W. W. KEEN teaches anatomy in the old Philadelphia school of anatomy, back of the University. Dr. DE FOREST WILLARD teaches operative surgery and bandaging in the same building. Dr. WILLARD is well-known to our readers through his very able clinical reports. Dr. JAMES TYSON gives a course in microscopy in the *post-mortem* room of the Philadelphia Hospital.

There are also many associations of gentlemen for giving private instruction on the various branches of medicine, besides classes in the various specialties—*all* that is needed by the student to acquire a thorough medical education.

Long Island College Hospital.

The medical school bearing this name, connected with the Long Island Hospital at Brooklyn, has commenced its eleventh course of lectures under very encouraging auspices. The class is the largest it has had, and is steadily increasing every year. This college offers unusual advantages for clinical instruction. The whole class is divided into twelve sections, and each section receives special clinical instruction in surgery, practice, obstetrics and diseases of women. In this way each student is brought into tangible relation with disease, so that he may use his perceptive faculties and educate his judgment in diagnosing and curing disease. These sections walk the wards of the hospitals daily with the clinical teachers. Daily class recitations are held by the professors, which are free to all.

——Dr. THOMAS HAY, formerly of 1208 Vine street, has returned to this city and resumed the practice of his profession at his residence 1127 Arch Street.

Correspondence.

DOMESTIC.

Spontaneous Dislocation of the Clavicle.

EDS. MED. AND SURG. REPORTER:—

The following case may be interesting to your readers:

J. M. R., pensioner, late of 5th Penna. Vols.; æt. 27; pulse 108 to 116; respiration, 26; laboring under incipient phthisis as shown by physical signs. On examining the chest

the sternal extremities of both clavicles were found to be movable, disarticulation most obvious in the left side. Mr. R. states that he began to cough in May, 1862, from what was then called bronchitis, and that the left clavicle became "loose" soon after. The right one did not give way till the spring of 1865.

The present condition is such that on moving the shoulders backward, or on taking a full inspiration, the clavicles will project from their sternal connection, and become quite prominent, returning with a snap, as the parts are returned in situ. The left upper extremity is much impaired in its usefulness in consequence of the sterno clavicular displacement.

The above is the first case of the kind that has ever come to my notice, and is unquestionably rare.

F. K. BAILEY, M. D.

Knoxville, Tenn, April 2, 1872.

News and *Miscellany.*

Medical Patents.

List of patents issued from the U. S. Patent Office to inventors, for the week ending April 2, 1872, and bearing that date, furnished by Cox & Cox, Solicitors of Patents, Washington D. C.:

Patents—Process and Apparatus for the manufacture of Sulphate of lead—H. A. Whitting, San Francisco, California.

Medical Compound and Capsicum Plasters—J. & I. Coddington, New York.

Medical Compound—F. Goestch, Bloomington, Ill.

——The *British Medical Journal* gives the total number of students registered at the London hospitals during the present season as 1,468. New entries, 468.

OBITUARIES.

DR. THEODORE FOWLER.

Dr. FOWLER died at East Fishkill, New York, March 19 of pneumonia. He was born in the village of Sing Sing, July 3, 1812, and was the eldest son of J. DRAKE FOWLER, a well-known physician of Westchester county. He was a child of much promise, and received the best educational advantages, united with careful home culture, which developed early those mental and moral qualities which shone so conspicuously in later years. His father at first designed his entering the profession of law, and he was sent to the city of New York for the purpose of prosecuting his studies, but a severe illness ensuing he returned to the country to recuperate his health at the residence of his uncle, P. D FOWLER, a physician of Dutchess county. At this time he lost his father, and it was ultimately concluded that he should enter the medical profession, a time-honored one in the family, several members in each generation having embraced it. As soon as his path in life was definitely settled he earnestly set about preparing himself for its duties, and then returned to the city of New York to complete his scholastic and medical studies, which he pursued under those shining lights of the profession, Profs. MOTT, STEVENS, BECK, ROGERS, TORRY, DELAFIELD, AUGUSTINE SMITH, etc., of the old College of Physicians and Surgeons attached to Columbia College, in Barclay street. He was an earnest student, and completed his course of study most satisfactorily, receiving his diploma on the first of March 1833, when he had hardly attained his majority. At that time he was offered great advantages to remain in the city by Dr. RHINELANDER, who had formed a personal attachment to him; he invited him to reside with him, but he had already decided to return to East Fishkill, and he entered with ardor upon the practice of his profession, in which he was eminently successful, and became also a prominent and influential citizen in the general affairs of the county of his adoption. Amid all his labors he always found time for his Christian duties, and also to care for the temporal welfare of the church. In social life he possessed the most genial and generous traits of character; no one who received his pleasant smile and cordial greeting could forget it. He was a steadfast and earnest friend, and delightful companion from his varied acquisitions. He was early distinguished for his scholarly attainments, and devoted to his profession, but his taste for literature was so great that it impelled him always to advance with the tide of letters and daily to add to the profound stock of knowledge which a retentive memory had enabled him to accumulate.

PROFESSOR SAMUEL JACKSON.

Dr. SAMUEL JACKSON, Emeritus Professor of the Institutes of Medicine in the University of Pennsylvania, died April 5th at his residence, in this city, at the ripe old age of 85. He was born in Philadelphia on the 22d of March, 1787. He devoted his time with great energy to the study of his profession, and was successful in acquiring a high standing in its practice. In 1835 he was elected Professor of the Institutes of Medicine in the University of Pennsylvania, a position which was filled by him during a period of twenty-eight years with great credit both to himself and the institution. He was one of the clearest lecturers and profoundest scholars, and occupied a front rank in the corps of professors of the university, a body of men which has long enjoyed the highest reputation for skill and learning throughout the world. In 1863, in consequence of his advanced age he abandoned the active duties of his professorship, and has since held an emeritus relation to the University. Professor JACKSON wrote several works on medical and physiological subjects, the most celebrated of which were a treatise on the "Principles of Medicine," first published in 1832, and an "Introduction to Lehman's Chemical Physiology," published in 1856.

MARRIED.

BURTON—ADAMS.—In Ludlow, Vermont, March 28, by Rev J. T. Powers, Putnam Burton, M. D., and Mrs. Almira Adams, both of Ludlow.

CRANDALL—LEWIS.—In Stonington, Conn., March 8th, 1872 by Rev A. G. Palmer, D. D., H. N Crandall, M. D. (formerly of De Ruyter, N. Y.) and Miss Clara D. Lewis, all of Stonington.

GUMP—LUTZ.—By Rev. J. B. Keller, assisted by Rev. B. F. Wilson, in the Lutheran Church, March 20, S. H. Gump, M. D., and Sophia Lutz, all of Bedford, Pa.

HUMPHREYS—STEWARDSON.—In this city, April 2d, by the Rev. Dr. Morton, at St James' Church, Capt. Henry H. Humphreys, of the Fifteenth Infantry, U. S. A., and Caroline Hollingsworth, daughter of Thomas Stewardson, M. D.

PELL—WILLIAMS.—In St. Albans, Vt., April 2, by Rev. J. B. Pitman, Rector Holy Trinity, Swanton, Dr. Charles R. Pell, of Montpelier, and Miss Nellie V. Williams, of St. Albans.

REED—PEW.—April 9, in Camden, New Jersey, in the Third Street Methodist Episcopal Church, by Rev. J. S. Heisler, Rufus Reed, M. D., of Cohoes, N. Y., and Emma J. Pew, of Camden, N. J.

DIED.

BAYLIS.—In Brooklyn, April 12, Anna Van Dyck, daughter of Dr. Thomas and Alice T. Baylis, aged 4 years and 2 months.

EATON.—Dr. Eaton, a well-known physician at Plymouth, New Hampshire, died suddenly a few days ago. He was about 35 years old.

LAMME.—At Centerville, Montgomery county, O., on the 26th ult, Clarence Hill, son of Dr. Wm H. and Anna C. Lamme, aged 5 years.

LEAF.—On the 9th inst, at Pottstown, Pa, Dr. H. L. Leaf, in the 56th year of his age.

POWELL.—In New York, of apoplexy, James W. Powell, M. D., April 12.

ROBINETT.—In this city, suddenly, of heart disease, at his residence, No. 2118 Arch street, on the 9th inst., Dr. G. Herman Robinett.

SMITH.—In New York city, April 9, David A. Smith, M. D., in the 29th year of his age, son of the late David Smith, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 791.] PHILADELPHIA, APRIL 27, 1872. [Vol. XXVI.—No. 17.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

VERATRUM VIRIDE.

By D. W. Jones, M. D.,

Of Ellenburg, Center county, N. Y.

With regard to this drug I venture to make the assertion that, however well established its therapeutic value, or well defined its physiological effects, that a great majority of our profession fail to recognize its importance or avail themselves of its potent properties. There are various reasons for this. By some it is regarded as too powerful a remedy, under any circumstances, to be left at the bed-side of any patient.

Having seen its effects culminate in seeming general prostration and apparent diminution of vital action, they become intimidated in their use of it, and if they prescribe it at all it is in infinitessimal doses, which fail to produce its specific effects, and so the remedy in their hands falls into disuse, and every practitioner within the reach of such a physician's influence, excepting those whose faith in the drug *cannot* be shaken by adverse testimony, has diminished confidence in the use of it. There may be other causes which conduce to this result, depending upon variations in the method of preparation, variations in strength, or from extreme differences in the susceptibilities of different constitutions. After an experience of eight years with the drug, during which time it has occupied a prominent place in my "*armamentarium medicinæ*," I can confidently recommend it as a drug possessing the most powerful remedial effects; adapted to a greater variety of cases; the most certain in its action, the most satisfactory in its results, and where judiciously employed, as safe in its administration as any remedy in the materia medica. But I wish in this paper to speak particularly of its use in two classes of cases, to one of which it is peculiarly applicable and remedial, and to the other, where used to the same extent, deleterious, viz.: the phlegmasiæ and the zymoses. Of the latter class I shall refer particularly to the exanthemata.

Of the peculiar adaptability of veratrum viride to inflammatory affections, and of its powerfully remedial effects, there can be no doubt in the minds of those who have thoroughly tested its therapeutic value, and if beneficial in this class of diseases then, *à priori*, it is adapted to the majority of diseases which affect mankind. For although I do not hold to the Broussaian theory of disease, ascribing all diseased action to a local inflammation, yet it is "beyond all comparison the most important of diseased conditions, either attending or forming a part of the great majority of diseases and constituting their chief danger." Of its *modus operandi* in the disease under consideration, the most plausible theory is based upon the power to diminish the action of the heart and contractile power of the arteries. It is true that inordinate action of the heart is not the cause of inflammatory diseases, but simply the reaction of the system from some local irritation, and one of the most prevalent ideas in medicine has been the reduction of the heart's action in these diseases. For this purpose blood-letting has been the sheet anchor; antimonials and digitalis, adjuvants. Veratrum viride accomplishes this desired object safely and effectu-

ally, acting as a sedative to the circulation, without the loss of vital fluid attending venesection; the risk of the cumulative action of digitalis, or the debility consequent upon administering the antimonials. On the contrary, while the circulation is depressed, the intelligence and vitality of the patient are enhanced, and when brought gradually under the influence of the medicine the patient is sure to "feel better;" and at such times I have repeatedly been told that my services were no longer needed, as the patient was "well."

Veratrum viride diminishes the force and rapidity of the heart's action. How this is produced—whether primarily through the pneumogastric nerve, and secondarily through the sympathetics, or primarily upon the latter; whether affecting the nerve centers, the periphery or the whole nervous tract, is as yet mere hypothesis; but of the fact we are certain. Then what effect does this produce in an abnormal state of the system? or considered with regard to this specific lesion, what are the results of its administration?

In order to comprehend fully its powers in inflammatory affections, let us look for a moment at the theory of inflammations. The one which has received the most support has been based upon the hypothesis of vital expansibility in the capillaries, whereby, upon the application of an irritant, either immediately to the part or immediately through the intervention of the circulatory, or nervous system, dilatation in the capillaries takes place, and an increased quantity of blood circulates through the diseased part in a given time; the action of the heart is accelerated, the vis a tergo consequently increased, and the disposition to congestion still further augmented. It is by this constant pressure from behind that the train of symptoms in a phlegmon, whether of the areolar tissue upon the exterior of the body, or affecting any of the vital organs, is forced rapidly to the point where exudation takes place, and from which is to follow either resolution and absorption, or suppuration. Now the peculiarly beneficial effects of veratrum are experienced at that point where, in the initiatory stages of the inflammation, congestion in the part has taken place from vital expansibility, and stagnation with effusion has not yet been reached. Here is where veratrum has the power to abort an inflammation, and that it has this power none can deny. If quinine has any control over the periodical and miasmatic diseases; if arsenic exerts any curative influence over cutaneous eruptions; if opium can produce stupor, castor-oil purge; just as surely and as effectually, where properly administered, will veratrum control and abort the phlegmasiæ. But it is not by simply diminishing the vis a tergo, which other arterial sedatives, to a certain extent, have the power to do, but also by causing a contraction of the arteries. The reduction of temperature which follows the administration of veratrum indicates that the metamorphosis of tissue, by which the heat is produced and sustained, is interfered with, showing an influence over the vasor motor system. This influence causes contraction of the muscular coats of the arterioles, and still further reduction of the flow of blood in the part affected.

These statements might appear to conflict with the experiments of T. Wharton Jones, showing that when the vis a tergo of an artery is suddenly diminished, congestion in the capillaries and venous radicles to which the artery leads is established. But we must consider that the means he used were mechanical, and the obstruction sudden and complete; and we must also bear in mind that, in inflammations, congestion or the tendency thereto are already established, and even though the suspension of the force from behind was suddenly effected, the usual consequences could not follow, the results having already been forestalled by the disease.

Veratrum viride has by some writers been recommended in all diseases with increased frequency of pulse. Says one writer upon the subject: "Veratrum is a heart medium, and the indications for its use should ever be the condition of the heart—rapidity of the pulse, this and nothing more." "In all diseases, of all ages, and under all circumstances, no matter how excited the system, or how prostrated the patient, rapidity of the pulse is the indication for the use of veratrum." Again: "In scarlet fever it has extraordinary powers," etc. In the exanthemata I regard it as very important that great care should be used in prescribing this remedy; care not to carry the effects of the remedy so far as to entirely destroy the balance between the arterial and venous circulation. In scarlet fever the great rapidity of the pulse suggests at once the most powerful arterial sedatives

at our command; we naturally turn to veratrum.

Now, after an experience with the remedy in several severe epidemics of scarlet fever and measles, I am convinced that powerful arterial sedatives, and particularly the one under consideration, are contraindicated, except when the violence of cardiac contraction threatens the congestion of some vital organ, or to procure its partial effects in allaying the excessive arterial action accompanying scarlet fever. In severe cases the remedy should never be continued until marked nausea is produced, this symptom being indicative of the full effects of the remedy, but simply to obtain a diminution of the force and rapidity of the heart's action. In the zymotic diseases the "concoction," if I may be allowed the expression, of the virus culminates in a violent disturbance of the system. The conservative power of the organism is exerted to eradicate from the system the materies morbi of the disease. Veratrum viride, administered at this time with the view of producing its specific effects in the same manner as when administered to abort an inflammation, would interfere with the elimination of the poison, by establishing a condition of things exactly the reverse of that which nature effects. The functions of the vascular, nervous and glandular systems, by which the "*vis medicatrix naturæ*" attempts a cure, are deranged, and the poison being retained in the system, upon the suspension of the remedy the same train of symptoms recur.

In the advocacy of a new remedy due allowance should always be made for the zeal of him who discovers its merits and brings it to the attention of the profession; for he will usually not fail to see beauties, powers and virtues, where a less prejudiced mind would discover nothing extraordinary. But that time with veratrum has passed, and although the commendations of Drs. OSGOOD and NORWOOD were characterized by all the extravagant encomiums, by which such advocates are usually actuated, yet, contrary to the general experience, their statements have been abundantly verified by years of practice, and a more thorough knowledge of the drug will lead to a higher appreciation of its wonderful powers.

CLINICAL NOTES.

By F. K. BAILEY, M. D.,

Of Knoxville, Tenn.

HEMORRHAGE FROM THE UTERUS.

This is a very common ailment, and one which every medical man is called upon to combat. It is considered by woman as demanding attention, and they expect to be relieved when applying to a physician. During and after labor, fatal hemorrhage often occurs, and to obviate such a contingency, we should ever be on the alert.

We often meet with cases in which, by reason of premature rising after labor, or from excessive exertion in the first months, a "wasting" will occur, causing debility and a failure of the vital power.

The following case is given as one in point. March 1, 1872, called to visit Mrs. M., æt. 24. Short and stout built; dark hair and eyes. Has two children. After the birth of the first, she did well, and experienced no trouble whatever. The second was born in November last, and being compelled to remove from North Carolina to this city in January, the journey proved too much for her strength. During the whole time since the child was born, till I saw her, there had been more or less loss of blood, attended with pain in the lumbar region, and a "dragging weight" through the whole pelvis. There was dysuria, constipation, coldness of the lower extremities; slow, small and feeble pulse; and at night a severe headache, worse on one side. The tongue was flabby and pale. Anorexia, flatulence, and at times a condition approaching hysteria.

The weather was not very cold, but chilly and damp.

The family "had seen better days," and were more intelligent and well bred than the surroundings indicated. Considering the case one of sub-involution, I prescribed pulv. doveri at bed-time, a laxative, and the following mixture:

℞. Bromidi potassii,
Iodidi potassii, aa ʒij.
Syr. sarsæ comp., fʒj.
Fluid ext. secale cornuti, fʒss.
Syr. simplicis, ʒjss. M.
Sig.—Teaspoonful three times daily.

Ordered emplastrum roborans to be applied to the lumbar region, and to have nutritious food.

3d.—All "flowing" has ceased; pain and weakness in the back relieved; sensation, as if "a joint in the spine was gone," no longer felt.

8th.—Patient feels entirely free from pelvic uneasiness, but is still weak.

31st.—Entirely well and has felt strong for some days.

Cases like the above are of frequent occurrence and often lead to tediously chronic ailments. It appears that the uterine parietes are not restored to the unimpregnated condition, leaving the organ still too large, and consequently heavy and dragging upon the suspensory ligaments. The cause of this condition is probably a patency of the uterine vessels from want of tonicity or contractibility. It is claimed for ergot that it produces a contraction of blood vessels, and of course a diminution of the thickness of uterine parieties, which is made up of the remains of blood vessels.

The bromide of potassium also appears to act upon the spinal nerves, in a manner claimed by some as similar to the action of ergot.

The iodide of potassium was added in this case to promote absorption of tissue.

March 25, 1872.—I was consulted by a very respectable mulatto woman, æt. about 45, who had of late suffered much from menorrhagic flowing during the period and after it should have ceased. There was the usual lumbar pain and weakness complained of, and I gave her some powder of opium and acetate of lead, which produced no relief. I then prescribed as follows:

℞. Iod. potassii, ʒij.
Syr. zinziberis, ℥j.
Fluid ext. ergot,
Tr. cinch. comp., aa fʒss. M.
Sig.—Small teaspoonful three times daily.

After taking the mixture one day, the show stopped, with a relief of all the unpleasant symptoms, except that a slight leucorrheal discharge continued. In the *Medical Gazette*, July 22, 1842, and quoted in Braithwaite, part vi., p. 88, is an article by M. PAYAN, on the ergot of rye in paraplegia. Its action is attributed to the effect upon the spinal cord, and was favorable in three cases which are given.

The treatment of hysteria in a certain form by M. NARDO (Edinburgh *Medical Gazette*, January, 1843), by means of ergot, involves the same principle, as his cases are dependent upon atony of the genital system.

Dr. GRAILY HEWITT, in 1862, contributed an article to the *Lancet*, upon ergot in menorrhagia, in which a case is cited where the hemorrhage was arrested after the first dose of the medicine.

March 23*d ult.*—A colored woman called at my office complaining of uterine pains, dysuria, etc., with a menorrhagic flow which had troubled her for some time. She was inclined to be anasarcous. There was a loose, flabby condition of the tissues generally, and on digital examination per vaginam I found the os uteri patent, with pointing edges, somewhat thickened and everted. The womb was slightly prolapsed, but mobile, and appeared increased in size and weight. Prescribed as follows:

℞. Bromidi potassii, ʒij.
Syr. simplicis, fʒj.
Fluid ext. ergot, fʒss.
Liquor iod. ferri., fʒiij.
Essence cinnamon, fʒij. M.
Sig.—Teaspoonful three times daily. To report if she is not better.

April 7*th.*—The husband called and reported that his wife was better as long as the medicine lasted. A change was apparent on taking the first few doses; continue ergot, twenty drops fluid ext., neam et nocti.

The internal use of ergot has generally been confined to cases of hemorrhage during and after labor. That uterine contraction follows its use admits of no question. Of the philosophy of its action but little is known. In the January number of *Braithwaite* is an article by Dr. JAMIESON, Berwick on Tweed, upon the subcutaneous injection of ergotine in hemoptysis. He cites a case when this measure at once stopped hemorrhage, and other cases are lately published in which the effects of ergot in loss of blood are very apparent. I intend to follow up its use in all cases of passive uterine hemorrhage, as well as leucorrhea, which is oftentimes an allied condition.

In the REPORTER for January 29th, 1870, I reported some cases in which nitrate silver was applied to the os and cervix for menorrhagic loss of blood, and with success. Since that time the same means have been employed, and with equally good results.

Ergot, in connection with topical applications, may profitably be used in all passive hemorrhage from the uterus, whether from

excessive menstruation or in consequence of subinvolution.

Why not give ergot in leucorrhea or uterine catarrh?

In *Braithwaite*, part lxiv., art. 78, is an article on the treatment of some forms of menorrhagia, by Dr. LOMBE ATTHILL, in which the writer mentions using nitric acid applied strong, with good effects. The philosophy of its action upon the mucous tissue of the fundus must be the same as that of the nitrate silver applied in the stick. Dr. A. cites one case in which ergot and astringents had been exhibited by the mouth, but without effect. He found granular ulceration of the os and cervix uteri; dilated the os with sea tangle and continued with nitric acid.

In cases where ergot or astringents will not produce a good effect, we have reason to suspect a diseased condition which can only be cured by cauterizing. In the early years of my practice it was a popular notion, and probably gathered from medical authority, that the menorrhagia so common about the climacteric age was not susceptible to treatment, and that nature would, in her own time, bring all things out right. I have been conversant with many such cases, and found that the function would be suspended for a period of from two to six or eight months, and then return with a copious hemorrhage.

During the two years that is generally occupied in the transition, from three to a dozen recurrences of menorrhagia take place. Undoubtedly many women have been the subjects of chronic engorgement of the uterus during the periods alluded to, which might have been relieved by remedial measures seldom resorted to then, but very commonly employed at the present day.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

Clinic of Prof. S. D Gross.

[REPORTED BY MR. FRANK WOODBURY.]

Case of Necrosis of Tibia.

This patient, a boy, æt. 8 years, complained of constant pain in the leg, on the anterior aspect of which were two fistulous openings discharging an irritating, offensive, icherous fluid, containing at times fragments of dead bone. The parts directly around the openings were tender to the touch, and slightly discolored and swollen.

The history of the case shows that in December, 1869, the shin was violently struck with a barrel stave. Some local inflammation supervened, upon the accident, which subsided on the application of the usual remedies. About four months afterward he had severe pain in the tibia, at the site of the injury; followed by suppuration, ulceration, and discharge of pieces of dead bone through two openings which still persist. The probe introduced into the sinuses comes into contact with a rough surface, showing the existence of dead bone in the shaft of the tibia, which has perceptibly increased in thickness.

The lecturer said that this was necrosis plainly enough, but in regard to its predisposing cause, in this case, he was unable to speak positively, not having a previous acquaintance with the patient. The immediate or exciting cause was the periostitis induced by the injury, followed by inflammation of the bone.

This disease occurs most frequently in young people, and is generally due to a constitutional vice or taint of the system. Children with the strumous diathesis, the light eyebrows, pallid complexion, blue eyes, etc., are the usual sufferers; and apparently trivial causes are sufficient, in such subjects, to light up the disease. Some authors consider this a scrofulous affection, others syphilitic. Whether it is called strumous or by any other name, if it is traced back to its origin, in all human probability we should find it to be syphilis. We know that tertiary syphilis will cause necrosis, and that hereditary or quatunary syphilis is the great producing cause of these diseases in children. The sins of the fathers are visited on the children; although the cause is sometimes in the weaker branch of the family tree.

Necrosis is most common in the superficial bones, or those which lie immediately under the skin, as the tibia, ulna, lower jaw, clavicle, inferior portion of the femur and the phalanges of the fingers. It is distinguished from caries by the fact that it prefers the shafts of the bones, or the part where there is most compact tissue; while caries commonly attacks the epiphyses, and the flat bones where the cancellated structure predominates. In its origin, necrosis may be idiopathic or traumatic, depending upon a constitutional or a local cause. In the great majority of cases it is due to a specific poison in the blood; an exceedingly obnoxious form of it is caused by exposure to the fumes of phosphorus; it may also be produced by the abuse of mercury; and probably by any cause which induces an extensive impoverished condition of the blood or solids. Among its local causes are the various forms of injury to which bones are subject. Contusions, fractures or wounds, may be followed by necrosis; and sometimes a sudden blow, denuding a limited portion of bone of its periosteum, will cause the death of the part by depriving it of its nutrition. Necrosis of a bone is essentially the same as

mortification or gangrene of the soft parts, although slower in its action, owing to the difference in structure, the earthy matter modifying its action as it does the other diseases to which the bones are liable.

[Chloroform was administered; then, taking the sinuses as his guide down to the diseased structure, enlarging the opening sufficiently, Prof. GROSS, with a chisel and gouge, dug out all the dead bone and spoiled lymph, in the same manner that a dentist cleans out a carious tooth by scraping away the diseased parts down to the healthy tissue. He remarked that there was no reason why a cavity in a bone might not be filled, the same as a tooth, by a gold plug, *except* the expense. It would save nature a long and tedious reparative process. In inflammation of the bones there is always increased vascularity, making this a bloody operation. There is also, from the same cause, much softening, so that we know when we get to the healthy bone beneath, from its comparative hardness and resistance to the instrument. The work is only half done if any of the diseased bone is allowed to remain after the operation, as the smallest quantity will become the germ of a fresh growth, thus necessitating a repetition of the operation, which often is required. After cleaning out the cavity, it was carefully washed out with a syringe to remove the chips of bone and fragments of lymph. After the operation was completed a dose of morphia was given hypodermically. The limb was directed to be kept elevated; wet with a weak solution of Goulard's extract for three days, and then a poultice of slippery elm applied.]

℞. Potass. iodidi, gr.ijss.
Hydrarg. chlor. corros. gr.1-5. M.
Sig.—In pill three times daily before meals.

Excision of Mammary Gland.

Mrs. S., the mother of one child, has suffered for two years and a half from slowly increasing tumor in her left breast. This tumor is hard, nodulated, movable, unconnected with the pectoral aponeurosis, and involves the entire gland, which is considerably enlarged. The parts around are not very tender to the touch, nor are they discolored or œdematous; the skin over the tumor is natural and the nipple is not retracted. Some of the lymphatic glands toward the axilla are enlarged. She has experienced no sharp or severe pain, but describes it as being dull and constant, and has probably suffered more from the uneasiness and anxiety due to the presence of the tumor than from its direct effects. In appearance she looks stout and healthy, the constitution apparently not being involved.

The tumor is non-malignant. From its hardness the name scirrhus might be appropriately applied to it, but this term has been restricted to carcinoma. Although scirrhus frequently appears in this situation, yet the diagnosis excludes it here, from the fact that it has not involved the adjacent structures from its tardy development; and from the fact that the nipple is natural. In scirrhus the interstitial deposits of cancerous matter around the galactopherous tubes cause a retraction of the nipple, which is characteristic of the affection. This tumor probably belongs to the adenoid variety, which is frequently found in this situation as well as in the thyroid and prostate glands. It is not a sarcoma, because it would have attained a much greater size at the same time. The prognosis is favorable; being non-malignant it will probably not return after extirpation.

[The anæsthetic was then administered and the patient's arm extended so as to make the integument tense. Two elliptical incisions, embracing the breast, were then made, commencing near the axilla at the site of the enlarged glands, then running inward and downward, terminating in an almost vertical cut, so as to prevent the accumulation of pus and allow free drainage. After removing the tumor and the enlarged lymphatics, a wet towel was laid in the wound. To guard against secondary hemorrhage the wound was allowed to remain open for four or five hours, at the end of which time it was closed with sutures and adhesive strips; then dressed with oxide of zinc ointment and covered with oiled silk, the dressing to remain for three days. In warm weather the wound should be dressed every day.

On section of the tumor it is found to have a nodular appearance, quite unlike scirrhus, although nearly as hard. In its interior there was a small quantity of seroleaginous fluid not at all resembling the lactescent fluid or cancer juice of malignant growths. When examined under the microscope by Dr. BERTOLETTE it showed a fibrous texture, in which is found granular matter giving a few nucleated cells, mingled with a considerable number of fat granules.

These cells resemble the atrophied or degenerate elements which are found in carcinoma of many years' standing.

We will watch the patient for four or five months for any evidences of the return of the disease; the prognosis, however, is favorable.

Four days after the operation the greater part of the wound had healed by the first intention, and the patient was doing well.]

Severe Eczema of the Wrist.

This lady, æt. 45, has had for four months a violent eczema of the wrist and back of the hand, which is considerably swollen, and discharges a watery fluid. She complains of the intense itching; says she does not sleep well and appetite is poor.

℞. Quiniæ sulphatis, gr.ji.
Tinct. ferri chloridi, gt. xxv.
Liq. potassæ arsenitis, gtt. viij. M.
Thrice daily.

Apply locally the ung. zinci oxidi, spread on a piece of muslin.

This disease sometimes affects the entire surface of the body. Prof. GROSS has seen

several instances of this in which the patients were covered from the crown of the head to the sole of the foot. The genitals, nose and lips, are most frequently attacked; sometimes the disease will change from one part of the body to another.

HEBRA would call this a local affection, and treat it altogether by local measures, but the lecturer considers that it depends upon a vicious condition of the blood, from disorder of the digestive apparatus generally. All skin diseases are varieties of inflammation, and most of them call for some internal treatment. There yet remains to be written a great book on the subject of skin diseases, as the multitude of works of that title seem to aim at confusing rather than elucidating the subject.

MEDICAL SOCIETIES.

ONONDAGA COUNTY, (NEW YORK,) MEDICAL SOCIETY.

The regular quarterly meeting of the Onondaga County Medical Society was held April 9th, at the Supreme Court room, in Syracuse.

The session assembled at eleven o'clock, with the following physicians in attendance: Drs Dunlap, Plant, Porter, Benedict, Bennett, Campbell, Mumford, Morris, Cook, McDonald, Searle, Van de Warker, Tefft, Kendall, Van Dyne, Wiggins, Moon, Ferry and Wallace.

Dr. Tefft was called to the chair, and Dr. Van Dyne acted as Secretary.

Drs. Wallace and McDonald were excused from reading essays until the annual meeting.

Drs. Wiggins, Bennett and Cook were appointed a committee on Credentials.

Cases of

Spotted Fever

were reported by Drs. Bennett, Kendall, Wiggins, Dunlap and Cook, with remarks on the treatment.

Dr. Porter had had, a few weeks ago, a case of cerebro-spinal meningitis or spotted fever. He found the patient with the head drawn back, comatose, partial paralysis of the left side, and spots on the body. He had seen cases years ago, and had now no confidence in calomel and quinine. He gave five grains of ergot and four grains iodide of potash every eight-and-forty hours. He afterward added one grain of quinine every 24 hours, and the child recovered. He had given the potash to another patient formerly, who did not speak for 17 days; that patient recovered. Other cases of children, one an infant taken at four o'clock A. M., and the other five A. M. They had spots as marked as blood; the older daughter was taken with it, and in the midst of all the mother was confined and had the fever also. The whole family of nine soon came down with the disease, and three died. He had given calomel and it had seemed to act well for a time, but suddenly there would be a change and the patient would die. From what he had learned he thought that iodide of potash was the best remedy: it acted as an alterative and an absorbent. The ergot enabled the blood vessels to contract; the tonic treatment with quinine was all that could be recommended of that.

Dr. Morris thought the poison was something like that of malaria. He had seen children a little sick, and the circumstances led to the belief they had the fever.

Dr. Dunlap used the iodide of potash largely after the first acute stages had passed. He thought also the spotted fever was produced by poison. The mercurials were given as an alterative in the first stages, and continued for a time for the same reason. He had not experienced such marked effects from potash as had Dr. Porter.

Dr. Campbell reported former cases treated. They had been mostly those of children. After consultation counter-irritation of the spine was recommended. Most all the patients died. He had but one case this winter. Those he had seen had not the eruption that had been mentioned; they had the herpetic eruption. He thought if the patients did not die the first week their case would be protracted. He had used iodide of potassium, but would first use mercury effectually. He had had cases of roseola that resembled those that had been reported.

Dr. Kendall had many cases in '56 and '57; there was a chill, vomiting and pain in the back of the head and spine; and he had in four months nearly one hundred cases, and old physicians had never seen such a disease. The spots were as large as a penny and looked like venous blood just beneath the cuticle. There had then been no cases in Syracuse, but it broke out here the next winter. The disease seemed to follow the river. He thought the cases reported had been in different stages. If he could get one active purge from calomel early in the stage of the disease he knew his patient would live some time. Dr. Porter's treatment of calomel was first recommended; he would also use the counter-irritant and stimulants. The calomel in the early stage was the heroic remedy and *the* remedy. After his calomel action he used the ioide of potash, although he had never tried ergot; he got the effect from calomel, which he did not think he could get from a cathartic of anything else.

Dr. Porter said the first symptoms sometimes were chill and intermittent fever; this took place on the border of the lake; on higher ground the spots came out; a family that had suffered most severely was living on the banks of a canal in a most malarious district, and lived on poor food.

Dr. Bennett thought spotted fever was essentially the result of inflammation.

Dr. Morris confirmed Dr. Porter's opinion in regard to bad food causing disease.

The Society adjourned to 1:45 P. M.

AFTERNOON SESSION.

Dr. Benedict continued the discussion of the forenoon topic. He believed the disease prevailed here was not the true spotted fever. Several cases were reported in detail, the symptoms of which were similar to those. His initial treatment was a free use of mercurial cathartic and followed by bromide of potash in full doses, as could be borne.

Dr. McDonald presented a case that was either fracture or dislocation of the ankle, and requested the opinion of the physicians as to whether it was fracture or dislocation. The patient had been wrestling with a friend in his room when the accident occurred.

Dr. Van Duyn related a case of obscure disease in which great debility with dyspepsia occurred, the result of death.

Dr. Morris introduced a patient suffering from skin disease which began at the elbow.

Dr. Campbell reported a case of hysteria.

Rheumatism.

Dr. Moore read an essay on the treatment of rheumatism with carbonate of lithia. Dr. Cook confirmed the experience of Dr. M.

Dr. Kneeland and Dr. Doyle continued the rheumatic discussion. The latter affirmed that a physician of his acquaintance had drank sixty bottles of lithia water with no effect. His prescription was:

℞. Iodide potash, ʒij.
Nitrate potash, ʒij.
Wine of colchicum seed, ʒj.
Camphor water, ʒiij. M.

A teaspoonful of the above mixture after meals, and don't eat any sweets or acids. When it acts too strongly on the bowels reduce the dose.

The rheumatic question elicited considerable discussion. Nearly all who spoke had their peculiar remedies; some recommended acids, more didn't.

Dr. Didama recommended the alkaline treatment; he had used the acetate of potash and usually the pain went away in two or three days. When the large doses of alkali were used they should be largely diluted, so that they would act upon the kidneys and blood. When large doses are taken a goblet full of water should be given, or some other drink. If the patient were thus properly treated the disease would be cured and no heart complaint. The recommendation of Dr. Moore, in regard to lithia should follow in his next rheumatic case. He insisted that when he gave an ounce and a half of acetate of potash in twenty-four hours, such patient should take with each dose *not less* than half a pint of water.

Dr. Kneeland and Dr. Mercer had relied on acetate of potash. The latter had combined it with colchicum. After the urine was cleared up he gave quinine.

Dr. Wallace recommended chloral. The discussion was continued by Drs. Morris and Porter. The latter found great benefit from colchicum and the acetate of potash. After the former had its effect on the bowels the patient commenced to improve.

Spotted Fever.

Dr. Didama was called out on his treatment of spotted fever. He responded that he should wait some time before he used the bromides. When the disease was treated in Clay the bromides had failed. He had five or six cases lately and had used tonic treatment, cleaning them out thoroughly with mercury and applying mustard all over them. Within twenty-four hours he gave them quinine, four grains twice a day.

Dr. Dunlap reported that he had seen no good effects from the bromides. The mercurial and sustaining treatment was his course.

Dr. Dallas seven or eight years ago had given mercury, bled the patients, and then given quinine. A good, thorough mercurial cathartic and quinine, with counter-irritation, had been his plan.

Dr. Campbell thought upon the hills quinine could not be given in as large doses. There was little difference among the doctors after all.

CASE OF DR. WHEDON.

George D. Whedon, M. D., sent in the following:

Dear Sir:—Unjust charges, detrimental to my moral character, having been made against me through the city press and in other ways, I resign my membership with the Onondaga County Medical Society until such a time as I can fully vindicate myself therefrom.

Dr. Kneeland read the following resolution of expulsion against Dr. Whedon:

Resolved, That the Onondaga Medical Society having regard to its honor and good name, feels constrained to expel George D. Whedon from this society; such a case as his appears to demand prompt expulsion.

Dr. Benedict seconded the resolution of Dr. Kneeland. The society could no less than protect itself by expelling him.

Dr. Porter said the society wanted no such man as Dr. Whedon in its body. He had been guilty of crime, and had paid a fine formerly, as the district-attorney had said. When Whedon was admitted into the society he (the doctor) had thought he had reformed.

Dr. Van de Warker read the following affidavit:

State of New York, Onondaga county, ss.—Asa C. Fyler, of Syracuse, in said county, having been duly sworn, deposes and says that on or about the 2d day of October, 1871, deponent called on Dr. G. D. Whedon, at his office, No. 40 Clinton street, in said city of Syracuse, to talk with him in reference to Frances P. Fyler's sickness; that the said Dr. Whedon, at that time and during that conversation, told deponent that he, the said Dr. Whedon, was the man who seduced Miss

Fyler, and that he was the father of her child; that they, the said Dr. Whedon and Miss Fyler, were engaged to be married, and as soon as Frances got well he would marry her, and that he thought she would make him a good wife. The said Dr. Whedon further said during the same conversation that he did not procure abortion upon Miss Fyler, but told her where to go to have it done, and that he offered her money to pay for the operation.

ASA C. FYLER.

Submitted and sworn to before me on the 8th day of April, 1872.

J. P. BALLARD, Notary Public.

Dr. Benedict said he called at Mr. Eastman's house and found Miss Fyler suffering from the pains of parturition. He found the case one of abortion or miscarriage, four months advanced. Mrs. Eastman had learned from Miss Fyler that Dr. Whedon was the man. Mr. Fyler saw Dr. Whedon, and he admitted, in a cold and heartless way, that he had seduced Miss Fyler, and said that he didn't know that it had amounted to much; every man had done and was doing the same thing when he could get a chance to. When asked if he would marry Miss Fyler he had said, in a cool way, "He didn't know but that he would; he supposed he liked Frances just about as well as he did all other women."

Dr. Kneeland hoped there would be power enough in the society to kick Dr. Whedon out.

Dr. Plant called for the reading of the by-laws of the society in regard to expulsion, which gave the society power to take the proposed action.

Dr. Didama hoped no action would be taken which was not legal; if Dr. W. were guilty and it was proved so, then they ought to expel him.

President Tefft decided that the society had the power to expel Whedon at this meeting.

Dr. Porter said the evidence against Whedon was the same chain before his admission and after. It was a continuation of crimes; he had hoped Whedon had reformed, but it seemed he had not.

Dr. Morris was in favor of expulsion. You could not condemn one were he the vile Rozenswig himself, but that some one would defend him.

The resolution of Dr. Kneeland was then put, and the vote was as follows:

Ayes—Benedict, Kneeland, Plant, Porter, Tefft, Terry, Van Duyn, Van de Warker, Whitford—9.

Noes—Cook, Didama, Dunlap, Doyle, Moore, Mercer, McDonald, Searle, Skinner, Wiggins, Wallace, Dallis, Morris, Crouse, Searle, Campbell—15.

Dr. Porter in voting said he would rather do right and violate the constitution, than do wrong, therefore he voted *aye*.

Dr. Stearns explained his vote in the negative, by saying he knew Whedon long ago and his bad character; he in voting "no" did so because if longer time were taken in skinning Whedon, the more he would suffer.

The vote stood 15 against immediate expulsion, to 9 in favor.

Dr. Morris made a motion that the Whedon matter be suppressed in the papers. That motion fell still-born.

On Dr. McDonald's motion the matter was referred to a committee. The doctor presented the following charge against Dr. Whedon.

I hereby charge Dr. Geo. D. Whedon with gross immoral conduct, which calls for his expulsion from the Onondaga County Medical Society, in accordance with section fourth, article fourth of the by-laws of said society.

Dr. Porter offered the following resolution, which was adopted:

Resolved, That the vote taken to expel Dr. Geo. D. Whedon was given on the constitutionality of the mode of expulsion rather than on his character or his fitness as a member of our medical society.

Dr. Morris moved that the case of Dr. S. B. Gay be presented to the same committee. He had evidence that would convict Gay of committing an abortion.

Dr. Tefft said the Gay evidence could be obtained by calling on the District Attorney.

Dr. McDonald offered the following resolutions:

Resolved, That the society regard all traveling doctors as quacks and unworthy of the confidence of the public.

Resolved, That the editors ought not to allow the advertisements of doctors to appear in their papers as editorials.

Resolved, That it is the true interest and duty of the citizens to employ only educated resident physicians of the different schools of medicine.

Resolved, That all graduated physicians should join the City, County or State societies and that they should be sustained by the public in their efforts to advance the science and art of medicine and surgery.

Resolved, That the protection of the society against impostors and empirics, requires more thorough education of the profession, and lastly the enactment of better statute laws.

Resolved, That the local notices of injuries and casualties in the papers in which the names of physicians or surgeons appear, is beneath the dignity of any professional gentleman, as being a violation of the code of medical ethics.

Dr. McDonald explained that he did not expect his resolutions would pass, he only wished discussion.

They were discussed, when the society adjourned.

HUNTINGDON COUNTY (PA.) MEDICAL SOCIETY.

In pursuance of previous notice, a goodly number of the physicians of Huntingdon county met in Odd Fellows' Hall, Huntingdon

Pa., April 9th, 1872, for the purpose of organizing a County Medical Society.

Temporary organization was effected by calling Dr. John M'Culloch to the Chair, and electing Drs. J. A. Shade and George W. Thompson Vice Presidents, and Dr. Henry Orlady, Secretary.

The following permanent officers were then elected to serve one year: President, Dr. John M'Culloch, Huntingdon; Vice Presidents, Dr. J. A. Shade, Shade Gap, Dr. J. H. Wintrode; Recording Secretary, Dr. A. B. Brumbaugh, Huntingdon; Corresponding Secretary, Dr. Henry Orlady, Petersburg; Treasurer, Dr. Geo. W. Thompson, Mount Union.

A committee was appointed to prepare a Constitution and By-Laws to be submitted at the next meeting of the society.

Delegates to the American Medical Association: Dr. A. B. Brumbaugh, Huntingdon; Dr. C. W. Thompson, Mount Union; Dr. Henry Orlady, Petersburg.

Delegates to the Pennsylvania State Medical Society: Dr. J. A. Shade, Shade Gap; Dr. D. P. Miller, Huntingdon; Dr. J. E. Thompson, Scottsville.

A resolution of thanks to the Odd Fellows for use of their hall, and to the editors of the several papers of Huntingdon for their courtesy in publishing notices, was adopted.

After the transaction of other business the society adjourned, each member well pleased with the success of the meeting, to meet in Huntdingdon, on Friday, the 12th of November next, at 10 A. M.

JOHN M'CULLOCH, Prest.

A. B. BRUMBAUGH, Secy.

MEDICAL SOCIETY OF KENTUCKY.

We give this week a very brief outline of the proceedings of this society, and will try and give a more detailed report, which has been furnished us by a correspondent, next week.

The society met in Louisville, April 2d, the President, Dr. T. N. WISE, of Covington, in the chair.

The following officers were elected for the ensuing year:

President, Lewis Rogers, of Louisville; Senior Vice President, James W. Thompson, Paducah; Junior Vice President, Joseph Smith, Lexington; Recording Secretary, J. A. Larrabee, Louisville; Treasurer, L. B. Todd, Lexington; Corresponding Secretary, W. T. Humphreys, Louisville; Committee on Publication, John Goodman, S. Brandies and and T. P. Satterwhite, all of Louisville; Librarian, R. A. Thornton, Newport.

Quite a large number of physicians were elected to membership. The reports of the officers and committees were heard, and several able and important papers on medical science were read.

Certain charges were preferred by Dr. Gaillard against Dr. David W. Yandell for conduct unbecoming the medical profession. It was proposed to refer the paper to a special committee. The chair decided that this society had no time to attend to such matters. It should be settled by local societies. Dr. Gaillard said the local societies were not competent to decide it, as they were prejudiced. The paper was finally withdrawn.

Dr. Frazer read a valuable paper on the mineral waters of Kentucky.

The society was invited by Surgeon T. J. Griffiths to visit the United States Marine Hospital.

The Louisville physicians gave a banquet to the society, which was a very pleasant affair.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Sick Headache.

We make another extract from Dr. LATHAM'S articles in the *British Medical Journal* on this subject:

Let us consider separately the remedial measures to be adopted (1) during the stage of disturbed sensation, (2) during the stage of headache, and (3) during the intervals between the attacks.

1. *During the Stage of Disturbed Sensation.*—In the forms attended with disturbance of vision, you will find that in the same individual the longer this stage lasts the greater will be the headache; and therefore we must endeavor to shorten it as much as possible. If the condition, then, depend upon deficient supply of blood to a part, such means must be adopted as shall assist and increase the flow of blood to the part; and this can be done in some measure by posture and stimulants. Directly the glimmering appears, the patient should lie down with the head as low as possible, and if the glimmering be on the right or left of the field of vision, he should lie on the *opposite* side. Let him take at once a full sized glass of sherry; if at hand, half a bottle of soda-water is a useful addition. Champagne would be preferable, being more diffusible; but its administration would often involve a little delay, and at the commence-

ment of an attack it is a great point to save time. A large tablespoonful of brandy diluted may, if the patient prefer it, be substituted for the sherry. If alcoholic stimulants be objected to, or if it be not advisable to recommend them, then a teaspoonful of sal volatile in water may be prescribed instead. If the patient be chilly or his feet cold, the couch should be drawn before the fire and a hot bottle applied to the feet. By these means the heart is enabled to drive the blood with greater force to the brain, and the duration of the vibratory movement is thereby materially lessened. After it has passed off, the patient should lie still for a time, so that the glimmering may not return. This injunction will only be necessary when the headache is slight; if it be severe, attended with much nausea or vomiting, the patient will be little disposed or able to leave the recumbent position. If, instead of disturbance of vision preceding the headache, there be a feeling of depression or irritability, fidgets, etc., the administration of such cerebro-spinal stimulants as henbane, valerian, assafœtida, spirit of chloroform, or ether, will often cut short the attack; ten or fifteen drops of the tincture of henbane, with the same quantity of spirit of chloroform, will soothe the nervous irritability in the slighter forms, and may be repeated in three or four hours, if necessary. If there be great mental depression, then valerian or assafœtida should be tried. Stillé says: "Nothing is more astonishing in the operation of remedies than the promptness and certainty with which a dose of valerian or assafœtida dispels the gloomy visions of the hypochondriac, calms the hurry and agitation of nervous excitement, allays commencing spasms, and diffuses a soothing calm over the whole being of one who but an hour before was a prey to a thousand morbid sensations and thick-coming fancies of danger, wrong or loss." I give the preference to valerian, and prescribe from half a drachm to a drachm of the ammoniated tincture. The assafœtida may be given in the form of spiritus ammoniæ fœtidus of the *Pharmacopœia*, also in half-drachm or drachm doses. As a rule, alcoholic stimulants are not advisable here. A small quantity will cause flushing, heaviness, slight confusion of thought, etc., without relieving the depression; and though the severe headache may be averted, alcoholic stimulants do not answer so well as the remedies previously mentioned.

2 *During the Stage of Headache.*—If the headache be slight, and the patient soon able to sit up, there is little to be done; a cup of coffee or tea, cheerful conversation, a walk, drive, or ride, may often help to remove the pain. If, however, the headache, nausea, etc., be severe, then the administration of further remedies is called for. The patient should keep perfectly still and quiet, with the room darkened; for every sound or sight causes pain, and the slightest movement is sufficient to produce gastric uneasiness. Sometimes free evacuation of the contents of the stomach, especially if it contain undigested food, is followed by relief. Dr. Fothergill says: "An emetic and some warm water soon wash off the offending matter and remove these disorders," which may be very well where there is any offending matter to wash off, but it is not very often that this is the case; the nausea frequently continues long after the contents of the stomach have been discharged; an inverted action of the duodenum is set up; the bile appears in the fluids excreted; the patient believes that all his troubles are due to "its overflow;" "it's all liver," he says, and it is sometimes difficult to persuade him to the contrary. Generally, then, you should try to relieve and check the vomiting. Iced soda-water, with or without two or three drops of dilute hydrocyanic acid or spirit of chloroform; cold tea; the effervescing citrate of potash, with hydrocyanic acid, may often afford marked relief. The headache may be lessened by applying cloths dipped in cold water, or evaporating lotions to the head; if the extremities be cold and the headache severe, a warm, stimulating foot-bath can be tried so soon as the nausea will allow the patient to sit up. If the attacks occur in the early part of the day, as soon as the pain has subsided it is generally better for the patient to sit up or move about, or take exercise in the open air. A young lady, on consulting me for this disorder, said: "Nothing relieves these headaches except a good gallop on my pony. I have some times to lie still for three or four hours before the pain is bearable, but directly I am able, I mount my pony, and always return home better." During the attack the appetite is diminished, the idea even of food provoking disgust. Still, after the nausea has passed away and the headache has continued a few hours, a plate of soup or some easily digested food will often have a good effect in equalizing the cerebral circulation. A remedy which may often be given with advantage, if the headache be severe, is bromide of potassium, in doses of 5, 10, or 15 grains, to which 30 or 40 minims of sal volatile may in some cases be added with advantage; and if the nausea still continue these may be given in combination with the effervescing citrate of potash. A saline purgative at the commencement of an attack is some times an effectual remedy but, as a rule, the use of purgatives is objectionable.

So far, the measures which I have suggested are only palliative. We come now to the consideration of such as are preventive, or to the treatment necessary during the intervals between the attacks. First of all, you must try to find out the exciting cause, and endeavor to remove it. Hours of study or work must be abridged; excessive bodily fatigue, loss of rest, everything in fact, must be avoided which the sufferers know from individual experience will act as exciting causes. Where the attacks are associated with exces-

sive mental work, they should be regarded as danger-signals, showing necessity for relaxation. In the next place, you must endeavor to improve the tone of the bodily and nervous systems by proper medicinal and hygienic means; and the chief remedies which I employ are steel, strychnia and cod-liver oil. The success, however, following these remedies depends a great deal upon the way in which they are administered. For a day or two after the attack the stomach and bowels may possibly be disordered, and not in a fit state to tolerate such remedies. This must first be corrected. The simple vegetable bitters, such as gentian, with small doses of henbane and some aromatic, may be of service, and, if necessary, one or two grains of blue pill, with four or five of compound rhubarb pill, may be given at night. We may then try steel. If the attacks have been very frequent, or if there be any scrofulous tendency, I give the iodide of iron in the following form:

R.	Ferri et ammon. citrat.,	gr. v.
	Potassii iodidi,	gr. ij.
	Aquæ,	ʒj. M.

And I add, according to circumstances, 15 to 20 minims of tincture of henbane, or 20 or 30 minims of aromatic spirit of ammonia. If the stomach be at all irritable, I give this in the effervescing form, adding to each dose 20 grains of bicarbonate of potash, and directing it to be taken with a tablespoonful of lemon-juice or a corresponding amount of citric acid; the dose to be taken twice a day, about 11 and 4 I soon leave off the effervescing form, and then add to each dose five minims of liquor strychniæ, omitting the henbane and sal volatile, and continuing the iodide of potassium according as it seemed to be indicated or not. In other cases, I give the citrate of iron and ammonia with strychnine at the beginning, and sometimes combine them with infusion of calumba. The iron is indicated by the greater or less anæmia of the patient; but the strychnine is, in my opinion, a very important remedial agent in the disorder. In small doses it acts as a simple tonic, increasing the appetite and improving the digestion; it dilates the vessels, and thus increasing the supply of blood, it augments the activity of the spinal cord (Harley). It promotes the capillary circulation, and therefore its use is advisable for persons troubled with cold hands and feet (Anstie); and if it fulfill these conditions, it is clearly indicated in the disorder which we are considering. Cod-liver oil also often acts very beneficially. "It has been found by experiment that great exertion and prolonged labor can be endured without fatigue when starchy and fatty foods are alone eaten . . . and there is reason to think that cold-liver is more easily absorbed than other similar substances" (Ringer). "It proves the digestive process, increases the proportion of red corpuscles in the blood, and invigorates the whole nutritive function" (Wood); and I believe it particularly sustains the energy of the brain during prolonged mental exertion. A gentleman in the foremost rank at the bar told me that, whenever he was engaged in a jury-trial which was likely to tax his energies to a greater degree than usual, the thing which best sustained him was a good dose of cod-liver oil taken in the morning before going into court; and others engaged in mental work have confirmed this view. I therefore regard cod-liver oil as having, besides its other properties, a nutrient and tonic action on the cerebro-spinal nervous system. As a remedy for these nervous headaches, I only prescribe it once a day, beginning with a small teaspoonful immediately after breakfast, and gradually increasing the quantity to a tablespoonful, but not beyond, unless in exceptional cases.

You must take care to regulate the action of the bowels, but by no means have recourse to strong purgatives. Five grains of socotrine aloes pill, given at night, are generally sufficient. If the bowels be habitually constipated, then no remedy seems to answer so well as the aloes and iron pill. Five grains given twice a day, half an hour before meals, will act freely; and in a few days you will have to diminish the dose, for the remedy possesses this advantage, that its effect is augmented instead of being lessened by continual administration, especially when strychnine is given at the same time. The natural waters of Friedrichshall or Marienbad may in many instances be of service, given as laxatives.

Besides the remedies to which I have called your attention, others have been recommended, such as arsenic and quinine, caffein, etc. Where anemia is not a prominent symptom, they may some times be of service.

Lastly, you must lay down stringent rules for your patients with regard to diet and exercise, and you must impress upon them the importance of these rules being strictly observed.

Cold Applications in Hyperpyrexia.

At the Clinical Society of London, Friday, March 8th, 1872, Dr. HERMANN WEBER read a paper on a case of hyperpyrexia in rheumatic fever, successfully treated by cold baths and affusions. The patient was a youth æt. 16, who had rheumatic fever (first attack) in August, 1871. The affection of the joints was well marked, but not excessive. The temperature of the body varied between the ninth and twelfth days of the disease from 101.6 to 102.2 deg. Fahr.; the pulse between 98 and 118; the respiration between 20 and 24. The lungs were free, and there was only the slightest indication of a murmur with the first sound near the apex. The medicinal treatment consisted of three grains of quinine three times a day. On the morning of the thirteenth day great restlessness, vomiting, excessive micturition, involuntary motions,

delirium, tendency to coma and lividity of face, supervened, simultaneously with a rise of temperature from 101.6 deg. on the previous evening to 108.2 deg., of the frequency of pulse from 118 to 148, and of respiration from 23 to 56. The patient was then placed in a bath of 71 deg. F.; and affusions of water of the same temperature were made. The mental condition and the appearance of the patient rapidly improved already during the first ten minutes; and at the termination of thirty minutes, when he was removed from the bath, the temperature in the cavity of the mouth was only 101.8 deg., and further sank during the next half hour to 98.8 deg.; while the patient fell asleep and began to perspire freely. In the course of the same afternoon the temperature again began to rise rapidly—*i. e.*, from 100.8 deg. at 3 P. M., to 105.8 deg. at 6:40 P. M. Pulse 148; respirations 38; slight delirium. The patient had then another bath with affusion, as in the morning, when the temperature further arose during the first five minutes of the bath to 106.2 deg., but afterward fell rapidly, the mercury receding within twenty-five minutes (the duration of the bath) to 101 deg., and during the following hours to 98 deg. After the second bath, without any further medicinal or hydrotherapeutic treatment, the disease took the course of a usual mild form rheumatic fever, leading to perfect recovery, leaving only a rather too long first sound. Dr. Weber repeated the view stated in a former communication to the society: that the nature of these attacks was the same as in common heat-stroke or *insolatio;* and he thought the term hyperpyrexia, as employed by Dr. Wilson Fox, more appropriate than heat-stroke, which conveyed the idea of causation by external heat.

Acknowledging that hyperpyrexia was an accident which could occur in all febrile diseases, he maintained that it occurred infinitely more often in rheumatic fever than in any other disease; and, regarding the peculiarities of rheumatic fever, he was inclined to ascribe it to the tendency to endocarditis and fibrinous deposits existing in this disease. He suggested that it might have a similar origin with chorea, and might possibly be due to minute embolism, or to plugging of some small vessels in a certain portion of the nervous system, as the hypothetical center of animal heat and chemical changes. As to prognosis and treatment, he pointed out that all cases formerly had a fatal termination when once the temperature had reached 108° Fahr.; but that the hydrotherapeutic plan, if early and energetically pursued, and with watchfulness, as to the possibility of several attacks, gave great promise of a speedy cure, as had been shown by the two complicated and yet successful cases published by Dr. Wilson Fox, the one by Dr. Meding, and the one by the author. Dr. Hermann Weber alluded also to a difference in the action of the cold baths in this class of cases (hyperpyrexia) and in the pyrexia of typhoid or enteric fever, typhus and other fevers of longer duration. While in the latter the baths, when given during the height of the disease, produced only a transitory reduction of temperature, which was followed sooner or later by a fresh rise, so that three, four or even five baths might be required on each of several successive days, in the hyperpyrexias one or two baths might be sufficient entirely and finally to remove the complex of difference in the action of the plan in question pointed to a difference in the underlying pathological causes. Dr. Greenhow gave details of a case which had been under his care in the Middlesex Hospital, and in which the cold application did marked good, although the patient ultimately died, the treatment not having been, by some unforseen accident, continued. The results of the treatment in this case, and in another under his care of high temperature in typhoid fever, had led him to entertain a high opinion of its therapeutic value. Dr. Andrew asked Dr. Greenhow what treatment had been adopted before the high temperature supervened, as the condition might be due to the remedies. Dr. Greenhow, in reply, stated that the treatment had been by alkalies, and that he believed the patient was ordered one large dose of quinine on the morning on which the high temperatue was first observed. Dr. Wilson Fox observed that the high temperature had nothing to do with the treatment, and brought forward facts which had occurred under his own observation to prove what he said.

From his experience of the cold treatment in hyperprexia, he was able to speak strongly of the good results obtained from it, and earnestly urged its being carried out in private practice. It was a matter of life and death, and medical men should not hesitate to carry it out. No case, except one of relapsing fever, had been recorded in which a patient with a temperature of 108 deg. had recovered, unless by the cold treatment. He did not think that cooling of the skin could unload plugged capillaries. Dr. Anstie observed that hyperpyrexia might occur in any complaint, and alluded to a case of delirium tremens under his care in which the temperature was 100 deg., and the pulse was shown by the sphygmograph to be undulatory in its character. Dr. Southey said that, without accepting the theory of plugging arteries, stasis in the vessels might be present, and be removed by the cold applied to the skin. Dr. P. Stewart was of opinion that these cases were not dependent on plugging of the minute vessels. In one case which he had under his care, the temperature had risen to 109.5 deg., and the blood was found more completely fluid than in any case of typhoid or typhus fever he had ever seen. This militated against the view of plugging of the vessels. This class of cases presented a typhoid type from the commencement; in fact, some people would say, from the appearance presented by

the patients, that they were laboring under typhus fever. All the cases he had seen were given colored water, so that remedies could not have caused the hyperpyrexia. He considered the plan advocated by Dr. Weber to be a very admirable one. Dr. C. B. J. Williams thought that, in these cases of hyperpyrexia, there must be some affection of the nervous system from the commencement, something affecting the heat-making process of the body, causing it to rise to a fatal height. He doubted the safety of hastily adopting a form of treatment like this. In continued fever it was useful; but in rheumatic fever there was inflammation of the joint, and this might be repelled from one part to the other. He, in his long experience, had never met with a case of hyperpyrexia; and he had only had two deaths from acute rheumatism during the ten years he was physician at University College Hospital—one from double pneumonia and one from valvular heart disease. After offering some remarks on some of the modes of treatment of rheumatic fever, he expressed his opinion that the hyperpyrexia might perhaps be due to treatment. Dr. Weber, in reply, said that he would not usually treat acute rheumatism with cold water; but the examples of high temperature were cases of life and death; and by its means the duration of the disease was shortened, and also its mortality.

On the Treatment of Asthma.

Mr. GEORGE GASKOIN, Surgeon to the British Hospital for Diseases of the Skin, says in the *British Medical Journal:*

In the summer of 1870 I was summoned to a lady suffering from an acute attack of asthma. For several nights she had been restricted to the sitting posture, bent over a table, with her forehead resting on her hands. The distress was very great indeed. She was subject to frequent attacks of the kind, complicated to a very moderate extent with with catarrh and bronchitic exudation. Her physician, a gentleman who holds high professional rank, was out of town. Nothing had been omitted in the treatment, which was simply palliative. She was recognized as constitutionally asthmatic, and little hope was entertained of permanent amendment. The asthma first occured on the subsidence of nervous symptoms a few years previous. It had not, as far as I am aware, any orgrnic basis. There was observable on the legs an eczematous eruption. Under these circumstances, I directed that the chloroform liniment of the *British Pharmacopœia* should be briskly rubbed into the chest for an hour's space, if possible; and this was done daily by a very efficient attendant, who had sufficient intelligence to comprehend and carry out the treatment. Very early much relief was experienced. On the return of her physician to town at the end of three days, she was already so much changed for the better that he directed the treatment to be continued. From that time it consisted in the daily repitition of the rubbing process for a month or nearly so, without aid from medicine, and with little restriction to diet. Beyond the information I received that she was daily improving, I had really little or nothing to do with her professionally after one or two visits. Under the hands of her attendant, she speedily got rid of the asthma. The patient went out of town in the autumn, and enjoyed perfect health and spirits. She took much walking exercise, with exposure, in the cold of the ensuing winter; and, what is very singular, two years have since elapsed with no return of the asthma.

I shall now make a few observations on this method of treatment. For some years, in Paris, asthmatics had been in the habit of resorting to a rubber in the Boulevard Saint Michel, a certain Widow Pau, who pursues there very much the method which I have laid down, only that her nostrum is a secret. She is resorted to by a few wealthy people of this country, and has honorable mention in some of our West End clubs. At the end of her treatment her patients are presented with a book or *brochure* containing her successes, which may be said to be fairly written for a book of its class. The cure is subject to disappoint for a few days; but generally great benefit will be found in a fortnight, or even in less time. There is a hint that it is best suited to cases with catarrhal and bronchitic complication. The instance which I have here brought forward seems exactly to correspond with those which are boasted of and detailed historically by Madame Pau.

Before giving directions as to how this treatment should be carried out I will speak as to the *rationale*. Counter irritation, especially by blister, issue and moxa, are of such well established repute in the treatment of asthma that I need not dwell on them; but, besides this, a jolting vehicle, anything that leads to displacement of the air stagnant in the vesicles, is proved to give relief in many instances. I should advise, then, that the frictions should be made with such roughness as the case admits. Slight blows with the palm of the hand or the end of a towel on the ribs are quite allowable; and the friction should be extended to the front of the neck at the lower part, where the vagi enter the chest. I do not think that the composition of the liniment need trouble us, provided it be warm and work easily. Anything like Roche's embrocation would answer very well.

I am not without some experience of asthma, and I am persuaded that the present method will be found a valuable addition to our therapeutic means. If proved not to be novel, it must be conceded that it has fallen into utter neglect.

Reviews and Book Notices.

NOTES ON BOOKS.

——We have neglected to notice the *Western Lancet*, which commenced this year at San Francisco, edited by Drs. EUSTACE TRENOR and H. P. BABCOCK, published by Bancroft & Co. The first number looks well. The prospectus promises that at least one photograph from nature of a pathological specimen or surgical case will accompany each number.

BOOK NOTICE.

Annual Report of the Board of Regents of the Smithsonian Institution, for the year 1870. Washington: 1871.

The present report of the Smithsonian is equal in value to any that has preceded it, and that is saying a great deal for it.

Among matters it contains which will more especially interest men of our profession, we may refer to Mr. WM. B. TAYLOR'S Thoughts on the Nature and Origin of Force, which is altogether materialistic in tone. As usual, he repeats the constant blunder which such writers make, and which was so lucidly pointed out in Hume's arguments by the philosopher KANT—that of not distinguishing between the duplex nature of causation. But as materialits take great pride in despising metaphysics, it is not to be expected that they will avoid any physical blunder detected by these—indeed, they could not do so, for if they did they could not be materialists any longer.

Still better is an address on the relation of food to work and its bearing on medical practice, by the eminent investigator, the Rev. AMUEL HAUGHTON, M. D., of Dublin. No one will lose his time who studies this article thoroughly.

The ethnological articles are, as they ought to be, chiefly American, and contribute quite a large amount of information on the archæology of our country.

——A. T. Stewart, of New York, had his entire establishment, consisting of eight hundred persons, vaccinated by the Health Department Inspectors recently.

Changes in the Harvard Medical School.

The "revolution" in the Harvard medical school, as President ELIOT calls it in his report, embraces the following features: Instruction is given by lectures, recitations, clinical teaching and practical exercises uniformly distributed throughout the academic year; and the student is expected to attend throughout the year just as he does in the college or the schools of theology, law and science. Secondly, the course of instruction fills three years, beginning with the fundamental subjects of anatomy, physiology and chemistry in the first year, and carrying the student progressively and systematically from one subject to another, until at the end of his third year he will have studied all the recognized subjects of a good medical education. Thirdly, in anatomy, physiology, chemistry and pathological anatomy, laboratory work is substituted for or added to the usual diadactic lectures. Every student has his place and time in the anatomical and chemical laboratories, and in the microscope room; and he is made to feel that such work is quite as much required of him as attendance at recitations and lectures. Lastly, every candidate for a degree must pass a satisfactory examination in every one of the main subjects of medical instruction; and these examinations are, in part at least, by questions and answers upon paper, so that the governing Boards of the University and the profession at large may hereafter know what the standard for the degree really is.

New Medical Society in Vermont.

The first meeting of the Lamoille Valley (Vermont) Medical Society was held at Drenan's hall, Hardwick, Wednesday the 13th ult. This meeting was designed as a preliminary to provide for a permanent organization. Wells, of Hardwick; Fairman, of Wolcott, and Hall, of Morrisville, were appointed a committee to draft a constitution and by-laws, and report the same at the next meeting of the society. It was voted to hold the next meeting at Wolcott, July 10, 1872, provided satisfactory arrangements, and co-operation of the medical fraternity in that vicinity, could be effected.

——In an assault case in an Oregon court, lately, a lawyer asked a physician, who was on the witness-stand, if he had made "a diagnosis of the plaintiff's physiology."

——Dr. WM. HEWER, an English miser, aged eighty-four years, long a noted character in San Francisco, was found dead on a pile of rags in his room in Dupont street, April 13th. The room had not been swept in fourteen years. Twelve thousand pounds, English money, was found in the room.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 27, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE MODERN OPERATION OF CIRCUMCISION.

In a recent number of *The Israelite*, Dr EPSTEIN, of Cincinnati, gives some directions regarding the modern operation of circumcision which will be useful to those required to perform it, and are interesting to others who have never witnessed this venerable procedure. It appears that it is occasionally followed by dangerous hemorrhage, at which we are the less surprised when we learn that the "mohel," or operator, is rarely a physician.

The first step is the circision. This, performed with ordinary care, could hardly ever give rise to excessive bleeding, owing to the great contractility of the external skin. A little cold water—or still better, mixed with an equal part of vinegar—would be all that were necessary to stop the bleeding in ordinary cases.

After this the father pronounces a benediction and the second act begins, the *P'riah* or avulsion of the foreskin. When well performed, the "p'riah" is in itself a means of stopping the bleeding, for a torn wound bleeds less than an incised one; and the crowding of the folds of this membrane into the retracted remaining portion prevents the bleeding, and both speedily form a healthy, soft cicatrix. In ordinary cases, therefore, the usual cold water dressing of the wound is all that is necessary. But it may happen that this membrane is unusually tough, and when the "*mohel*" is a little excited, he may overdo the performance of "p'riah," and detach the membrane on either side from its attachment in the groove, nay, may even tear it completely off all around the penis, and reach violently into the "frenulum" and lacerate it so that the membrane hangs in one or more shreds about or underneath.

The third step is that which is known as *M'tsitah*, or sucking out the blood. The mohel applies his mouth, partly filled with astringent wine, to the penis, and by suction empties the lacerated vessels of the part. This primitive method of arresting hemorrhage Dr. EPSTEIN recommends should be supplemented with a styptic dressing and a touch of Monsell's salt, if required. He might have hinted also that the infant occasionally runs other dangers besides that of bleeding to death. RICORD relates the instance of a mohel who was affected with a syphilitic patch on the lips, and in the course of his operations conveyed the chancrous poison to a number of children. It is a pity that the third act could not be replaced by some other equally efficacious procedure.

The editor of *The Israelite* appends the following very sensible remarks to Dr. EPSTEIN's article:

"We would respectfully add to the observations of Dr. E., that no mohel should be employed unless well known to be an expert in the operation, or a practical physician. In fact, all Jewish physicians should be *mohelim*. No new *mohel* should be authorized or admitted to practice, unless he has heard a proper course of lectures in a college, or is a physician, equal to the skillful performance of the operation and the healing. In no case, should one be permitted to perform the operation without the assistance of a practical physician."

THE "TONER LECTURES."

We have on several occasions called our readers' attention to the meritorious services for the cause of science of Dr. J. M. TONER, of Washington city. His researches in medical history and statistics have not only been profound, but, what is more rarely the case, have borne fruitful results.

It is now our pleasure to chronicle another praiseworthy undertaking to which he has given the start, and which deserves the hearty thanks and recognition of scientific men generally. This is the establishment of a course of lectures or essays on experimental truth. To effect this he has with rare generosity set aside real estate and personal property to a considerable amount, or has transferred it to a body of trustees *in perpetuo*, composed of the Secretary of the Smithsonian Institute, the Surgeon-General of the U. S. Army, the Chief of the Bureau of Medicine and Surgery, U. S. Navy, and the President of the Medical Society of the District of Columbia.

In explaining precisely what Dr. TONER'S intentions are, we shall do well to quote the exact words of the instrument making the trust. Here is an extract from the preamble:

"Whereas, the said party of the first part [the donor] believing that the advancement of science—that is, a knowledge of the laws of nature in any part of her domain, and particularly such discoveries as contribute to the advancement of medicine—tend to ameliorate the condition of mankind, hath determined to convey and transfer to the said parties of the second part, and their successors forever, in their several official positions, as aforesaid, the hereinafter real and personal property, amounting in value to about $3,000, 90 per cent. of the interest of which is to be applied for at least two annual memoirs or essays by different individuals, and, as the fund increases, as many more as the interest of the trust and revenue will, in the judgment of the trustees, justify, relative to some branch of medical science, to be read at the city of Washington at such time and place as the said parties of the second part and their successors as trustees may designate, under the name of "The Toner Lectures;" each of these memoirs or lectures to contain some new truth fully established by experiment or observation, and no such memoir or lecture to be given to the world under the name of "The Toner Lectures," without having first been critically examined and approved by competent persons selected by said trustees for that purpose.

"It is further provided that such of the said memoirs or lectures as may be approved shall be published in such manner and through such channels as said trustees may determine."

Then follow the legal details of the trust, etc., into which we need not enter here.

As far as we know this is the first attempt to institute such a course of lectures in this country, and we predict that if the trust is carried out in the spirit of its founder—and from the standing of the trustees, no one can doubt but this will be the case—it will have a beneficent influence in the progress of exact science. Not only this, but it will serve as a hint and example which wealthy and generous friends of science will doubtless from time to time follow in erecting similar trusts. Such stimuli to definite study benefit not only the class who devote their time to researches in nature's laws, but even more the general public, who are thus early made acquainted with the results they have achieved.

Notes and Comments.

Super-ovulation.

Concerning a hen, Dr. G. P. PHILLIPS, of Holly Springs, Miss., writes us:

"I was shown her last lay. The egg was about two and a half inches in diameter; on breaking this we found the white portion as in other eggs, and a perfect egg, of unusual size, occupying the place of the yolk. The week before she laid a similar egg, each having a perfect shell, white portion and yolk. Is this not a perfect case of super-ovulation?"

We should say so.

On Preserving Vaccine Virus.

Dr. F. S. HALL, of Cumberland Center, Maine, tells us:

"I preserve my virus by dropping it into a ʒij. vial, with some nice cotton wadding upon the bottom, and then packing the top thoroughly full of the same. It keeps a long while thus cared for."

Corrections.

On p. 274, col. 1, line 17, for *vocal* read *buccal*. On p. 251, col. 2, line 4, for 5 *drops* read 5 *per cent.*

A Cause of Typhoid Fever.

Dr. FERGUS, of Glasgow, recently called the attention of the Edinburgh Medico-Chirurgical Society to a little noticed cause of typhoid fever and other zymotics:

"Sewage gas, always forming, is generally lighter and hotter than air, and being frequently in a state of tension, will ascend and escape at the highest point. After stating how ineffectual any present system of trapping was in preventing the escape of sewage gas into houses, and instancing various epidemic diseases originating from sewage gas, the author stated that fifteen years ago he first detected perforated soil pipes. These perforations were generally on the upper surface of the pipe, and the pipe usually affected was the cross one leading from the closet to the main descending soil-pipe, and if there were an arch in the pipe the upper surface of the arch would be perforated. The author exhibited several specimens of perforated pipes, showing clearly that the destructive action was from within. Considering the results of chemical analysis, as well as the increased rapidity with which this action takes place in pipes not ventilated, he believed himself justified in coming to the conclusion that the perforation was due to the action of sewage gas. He found on inquiry that the same state of things exists in every water-closet town. Lead being usually employed as the material for soil-pipes, it becomes important to inquire how long a good lead soil-pipe will hold out. In unventilated pipes the duration might be stated to be about twelve years, when the pipe is carried up to the top of the house, and open to the external air, the maximum duration is from twenty to thirty years. The practical conclusion upon which the author insisted was that in any house, however well built, when cases of typoid fever, diphtheria, etc., occur, the pipes should be thoroughly inspected, especially their upper surface, and the whole of the soil-pipe uncovered. Sewer gas may also prove injurious by passing up the waste-pipe of the cistern and becoming absorbed by the water."

The English Contagious Diseases Acts.

These acts have met with bitter opposition, but are clearly doing great good. At a late meeting of the Medical Officers of Health, London, Mr. ACTON observed that in the report of the Royal Commission he read that the appearance of the women was very much improved by the operation of the acts. The cases of syphilis were much less severe than formerly. Women, in former days, at Aldershot, had to be hunted out of the drains, etc.; and women, when first examined, had been very bad, and must have been diseased some time. One woman, in days gone by, had often infected a great number of men. One patient had connection with nearly 90 soldiers when suffering grievously from mucous tubercles. The state of syphilis near Westminster was very bad in 1871. The places existing without "protection" are much worse than those where there is protection. A prostitute does not die of these venereal diseases; and, as these women are frequently barren, they often live in comparative comfort if they marry. The women marry in most instances, and get away from their trade. A woman now gets the man to marry her more easily in protected districts. The frequency of venereal disease among civil hospitals is very great. Continental armies are much less infected than ours. Sir J. PAGET says that many diseases of the internal organs are syphilitic, and he adds, it would be difficult to exaggerate the the evil done by syphilis. HEWITT said he found it one of the most frightful of all diseases. Dr. FARR says that 651 children under five died of the disease in one year. Syphilis, nowadays, rarely produces falling in of the nose, as it used to do when mercury was abused, and when *twelve men* used to be so *salivated* in one ward at St. Bartholomew's Hospital for a month at a time. The discovery of iodide of potassium was a great improvement, and the cause why there is not so much evil nowadays occasioned by syphilis. In 1865, 108 per 1,000 of the naval troops; in 1869, only 59 per 1,000 were found to be infected. In the army, BALFOUR, in 28 stations,

in 1865, found 120 per 1,000 infected, and, in 1870, 54 in 1,000. Public solicitation is less. The *Contagious Diseases Acts* have done good in reclaiming the women; the discipline of the acts was severe, and many women were reformed.

Correspondence.

DOMESTIC.

On Gynæcological Treatment.

EDS. MED. AND SURG. REPORTER:

Permit me to notice briefly through your columns the paper on "Ulceration of the Os and Cervix Uteri," which appeared in your issue for March 30, from the pen of Dr. R. L. Payne, of Lexington, North Carolina.

The recent introduction of gynæcology as a specialty in medical science seems to have developed the idea among many of our professional brothers that diseases of the reproductive system constitute the sum total of female afflictions, and that they warp every indisposition with which they meet to fit this "one idea." I have observed young practitioners who, upon reading an article in a text-book or journal which particularly interested them at the time, make the very first case to which they were afterward called meet in full the symptoms previously noticed in the reading. The current literature of our profession has been such of late years that it has engendered in the minds of many of our profession that they are specially set apart for producing wonderful developments in this new field, and that every medical man who does not herald loud and long the number of times he has used the vaginal speculum must be an *ignorant* member, unworthy to be classed among the *progressive* faculty—to use a favorite mode of expressing the idea among them.

I am fully aware that uterine maladies are a fruitful source of discomfort to multitudes of the female race, and am just as well convinced of the value of the speculum as an aid in the successful treatment of many of its forms; but that ocular inspection is necessary to the cases like the two first detailed in the paper under review, I cannot admit. In case first, the symptoms are enumerated thus: Confined two years ago; has been all the time since pale, emaciated, hydræmical—with profuse leucorrhea and prolapsus; these were all of course discoverable without the speculum, and furnished sufficient evidence to point to the use of iron, quinia and gentian, which was prescribed accordingly. These were, no doubt, the potent remedies, the argenti nitras and local treatment coming in for a very meger show of credit for the cure.

Let us look at the pathology of the case a little. As above stated, the patient had been in ill health since her last confinement two years ago, the attendant symptoms, besides those above spoken of, being "a constant sense of fulness and bearing down within the pelvis; pain in the back and thighs; *indigestion*, patulous, thickened and dilated os, attended with profuse menstruation, etc. Here we clearly find a case of *subinvolution of the uterus*, with all the consequences of malposition, malnutrition, etc., the whole train of phenomena being a *sequence* and not the *cause* of the general ill-health of the patient. The powers of the mother were from some cause injured before labor or perhaps in child-bed, and the womb as a consequence never thereafter having recovered sufficient tenacity to regain its normal non-pregnant condition, we can very readily comprehend why we meet the symptoms named, and the proper course of treatment which would have been most appropriate. *The local lesions were not the* CAUSE, *but the* CONSEQUENCE *of the indisposition*, and however justifiable a speculum examination and local treatment may have appeared in the mind of the good doctor, I am inclined to the opinion that *I* could have treated the case successfully without a resort to either. We might just as well apply caustic to the red tongue of typhoid fever, or drop a solution of nitrate of silver into the infected eye which accompanies a common catarrh, with the expectation of removing the disease, as to have used it in a case like the above.

Any treatment which restores nutrition to the impoverished tissues and renews the powers of life had benefited this patient, and I think the doctor's iron, quinine and gentian very good so far as they went, but in the place of his glass speculum and his "nitrate," I would have given her tincture of ergot and digitalis. These two remedies are a *sine qua non* in treating these heavy, thickened and indolent *post-partum* wombs, especially so of digitalis. It seems to me to exert a *specific* power in these cases, unequaled by any other remedy in our long catalogue.

But after all treatment in most cases is comparatively easy when we know what the pathological condition is which is demanding our aid. It is very much easier to make visual examinations and enter into a quixotic warfare with an alarming "womb disease" (which is half the time more imaginary than real, both in the minds of the patient and medical attendant), than it is to come down to sober medical philosophy, which enables us to trace effect from cause, cause from effect, and assists us in our duty when it is necessary to disentangle the woof of obscure problems, which so often lies hidden in diseased conditions. Let us study our cases well, and when it is proper to do so, administer medicine *understandingly*, be it either with the speculum or the iron spoon. It does not follow, however, that because one physician has not the tact which enables him to discriminate closely in diagnosis or to apply the

most appropriate remedies in a given case, that he is an *ignorant* fellow, and therefore should be driven from the profession. I am charitable in this regard, because I thoroughly recognize human fallibility in every human pursuit. Why should medicine be an exception?

J. P. CHESNEY, M. D.

Saint Joseph, Mo.

On Sick Headache.

EDS. MED. AND SURG. REPORTER:

I have examined with interest the views of Drs. WILKS and KUNST on the subject of sick headache more particularly from having suffered at short intervals all my life with an hereditary disease bearing that name, though often unaccompanied with sickness at the stomach.

In comparing their views, I find that WILKS declares and KUNST concedes that "true sick headache is a purely nervous affection," WILKS further claiming it is mostly hereditary and generally occurs in the most temperate livers; thus both apparently admitting it as an idiopathic or primary affection of the nerves; yet KUNST thereafter claims that it generally arises from insufficient capacity of the stomach to assimilate, therefore terms it a sympathetic or secondary affection of the nerves; this latter, I think, agrees with the view of most physicians, as they generally seem to think it usually arises from indiscretion of eating and drinking, from which cause an attack is expected; thus this variety might be called the prognostic sick headache; but that which originates from peculiar nervous temperament generally comes on unexpectedly from individual nervous susceptibility, and doubtless induced to manifest itself from a combination of unexplainable events. Although I concede that this is a purely nervous affection, I will admit that an attack may be induced from the reception of certain food into the stomach, yet without constituting it a secondary disease of the nerves, for a primary nervous affection is just as capable of transmitting disease to the digestive apparatus, as the digestive to the nervous; consequently what KUNST denominated a secondary affection of the nerves may in many cases be properly considered an idiopathic or primary affection sympathetically affecting the digestive apparatus. This kind of action we often see demonstrated in vomiting from injury of the brain. In the strictest sense of the term, I question whether there is any idiopathic disease, for the reason that all the animal functions, like the universal, are correlative or reciprocal, but from the common acceptation of the term it should be as readily regarded as the sympathetic.

Now as I am one of the class named by Dr. WILKS as a temperate liver, with an hereditary disease of the nerves, corresponding much with his description, I think it may be of some interest to the readers of the REPORTER to peruse a few lines in regard to the peculiar symptoms I experience, from which may arise a question in respect to the *modus operandi* of a diseased sensorial nerve, influencing the action of another of different sensation, originating on the opposite side from the diseased, in preference to the one from the same side. The attack upon me is sudden and terrific; may occur at any time of day, but less frequent in the night while asleep; often apparently requiring no conditions, though it cannot otherwise exist. It is frequently ushered upon me when I feel unusually sprightly and active. The first symptoms are always an apparent distortion of the faces of persons and of things which may come in contact with the sight, certain points being invisible, but changing position instantaneously. To be sure that it is really the appearance of this unwelcome visitor, I close my eyes and cover them with my hands, that no light may shine through the lids; if real, the exhibition is a zig-zag, semi-circular, fiery bright line, continually in motion, varying in brilliancy and activity in proportion to the ensuing pain; more brilliant the appearance, more severe the pain. This symptom generally passes off in from thirty to sixty minutes, with intermittent luminous appearances; then the pain begins, *always* on the opposite side of the head from where the perverted vision appeared, generally increasing until excruciating. This perverted appearance may exist in either eye, but very seldom in both at the same time; if so, the manner of action is the same in each; it may be a few days or a few weeks before the pain entirely ceases and the sight perfected. The question now arises why the sensation of vision is perverted on one side and that of pain being *always* on the opposite side, commencing after normal vision begins to recover. This is a point which the profession, as far as I have obtained their opinions, are at a loss to explain. As there are good causes for all existing things, I hope some one may be able to explain this satisfactorily. In spite of my continued efforts to evade these attacks, they generally rush upon me without the least warning, yet others at times notice the change in my countenance some time previous to the attack. The causes are even more numerous than stated by Dr. WILKS, for at times there appears to be no bounds under the various conditions presented.

I will name a few in addition to those mentioned by the doctor, that a better idea may be formed in regard to diversity of causalities, viz.: strong mental impressions of any character arising from almost any source; overlabor, mental or physical, varying in amount according to presenting conditions, compression over the stomach, tight or very loose boots, a look at variegated painting or disfigured faces, irregular sleep, too much, too

little, or too sound, fright or anger, free use of coffee, acids or antacids, also a delay of answering any of the calls of nature, or anything or combination of things requiring unusual nervous action may produce it, be it ever so minute. The treatment in what I term the prognostic variety is generally plain, the cause being obvious; but in the nervous, the case is far different, for the reason of the causes being so extremely obscure. There are things and acts which appear to have opposite effects at different times, though coffee may induce an attack at one time, it may check it at another; inspiring conversation or performances often exhibit the same power, also a rich beefsteak may produce either effect. Bathing the head in cold water every morning upon rising from bed, and frequently through the day in warm weather, is a very good prophylactic; this also often relieves the pain in the head. Free use of salt in the food I think is a good prophylactic. I have many times used for the same purpose, and with good effect, from half to a teaspoonful of alcoholic stimulus quite frequently when I feared an attack; but to check the pain, sleep is the most beneficial. This I have produced many times in my own case by drinking from one to two ounces of best whiskey; but I should prescribe it to others with much caution, for fear of forming in them a habit of drinking. An emetic, even when there is nothing in the stomach, often gives relief by its action upon the nervous system. Bicarb. soda and assafœtida, are both beneficial, but what will produce a good effect at one time may have no effect at another, seeming to depend altogether upon the various conditions of the nervous system; thus a physician may at times be accidentally successful.

D. L. D. SHELDON, M.D.

New York, April. 1872.

News and Miscellany.

The New York University Medical Alumni.

ANNUAL MEETING—WHAT OUR MEDICAL COLLEGES NEED ADDRESS BY PROFESSOR ST. JOHN ROOSA, M. D.

The Alumni Association of the Medical Department of the University of the city of New York held their annual meeting at the chapel of the Collegiate Reformed Dutch church, Fifth Avenue and Twenty-ninth street, on Thursday evening, March 14th. The annual address was delivered by Professor D B. ST. JOHN ROOSA, M. D., of the class of 1860. He said:

We can all at once see why there are alumni associations in such colleges as Yale, but why do medical graduates, who have very few social relations in the few months they spend together, form such organizations? Who is there that doubts that those honored universities, Harvard and Yale, have been largely the gainers since their alumni have taken an active interest in their affairs? To no less an extent will our medical colleges be profited, and through them the whole profession, by alumni associations among medical men. This college has graduated more than three thousand men in thirty years. Their history was unwritten until its association wrote it. Far beyond this object of writing medical history is the one of increasing the activity and resources of our college. A diploma from a medical college is the best evidence we have of fitness to practice. A large share of all the scientific work that is done in medicine is by the teachers and attaches of the medical schools. Yet medical schools are not always sustained by their alumni. Harvard school has fallen off to the number of one hundred and five, because she did not have her graduates fully up to her aims. Our present system of medical instruction needs amplification and change, but no revolution, no incorporation of the system of Germany and England. The average American medical student, although he studies but three years to the German five, compares favorably with the latter. Our hospitals are as well served as foreign hospitals. The medical staff of our army and navy will compare favorably with that of any nation.

We need most of all in our colleges endowments for professorships. The teachers should be free from any taint of desire of large classes in order that their fees may be increased. We need more opportunities for special studies, libraries and scholarships; in short, what money will bring our citizens should be asked to give to New York instead of to new universities in Nevada and Montana The discovery of the anæsthetic power of ether has caused a debt not yet paid. We must use the opportunities we now have and make the New York school not only famous for its graduates, but for its scientific discoveries. The speaker then turned to the relations of the medical profession to the public and defended the code of ethics which forbids advertising, the patenting of surgical and medical inventions and discoveries. The name of allopath, he said, is rejected by the medical profession. We are physicians, and have no part in any dogma or special name. We allow the largest liberty in the use of medicines, and welcome all educated practitioners who do not believe that there is no remedy but water, or that all drugs act according to a certain law and are increased in potency by dilution, to our ranks. We have all the hospitals of the world, all the literature; all the great medical discoveries belong to the much-abused, but liberal and progressive, medical profession. None of the ancient schools have ever swerved from the faith; and the enumeration of the names of her great men is but the recital of triumphs, in which the believers in dogmas have no part.

The following gentlemen were elected officers for 1872:

President, James R. Leaming, M. D., of

New York. Vice Presidents, Henry S. Hewit, M. D., of New York; Solomon S. Satchwell, M. D., of North Carolina; Charles A. Budd, M. D, of New York; Samuel M. Bemiss, M. D., of Louisiana; William Canniff. M. D., of Canada; Theodore R. Varick, M. D., of New Jersey. Secretary, Charles Insler Pardee, M. D. Treasurer, D. B. St. John Roosa, M. D. Orator, Solomon S. Satchwell, M. D. Executive Committee, James H. Anderson, M. D., Stephen J. Clark, M. D., Francis V. White, M. D., F. LeRoy Satterlee, M. D., Joseph T. Monell, M. D.

American Medical Association

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, $4 a day.
Girard, Chestnut and 9th, $3 a day.
La Pierre, Broad below Chestnut, $3 a day.
Calonnade, Chestnut and 15th, $3 a day.
St. Cloud, Arch below 8th, $3 a day.
St. Elmo, Arch above 3d, $2 50 a day.
American, Chestnut below 6th, $2.50 a day.
Merchants, 4th above Market, $2.50 a day.
St. Lawrence, Chestnut below 12th, $2 a day.
Alleghany, Market below 9th, $1.75 a day.
St. Charles, 3d below Arch, lodging only, 50 cents a day.
Miller's, 7th and Chestnut, lodging only, $1.50 a day.
Meals at restaurant of Horticultural Hall, and Pe try's, N. W. corner Broad and Walnut, each 50 cents.

BOARDING HOUSES.

318 South Broad, $2 a day; or $10 a week.
N. E. corner Broad and Spruce, $1.50 a day; or $10 a week
329 South Broad, $2 a day; or $10 a week.
1327 Spruce street, $2 a day; or $12 a week
225 South Broad, $2.50 a day; or $12 a week.

RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent.
Cumberland Valley, excursion tickets.
Orange, Alexandria and Manassas, half fare for return.
Pittsburgh, Cincinnati and St. Louis, excursion tickets.
Pittsburg, Ft. Wayne and Chicago, excursion tickets.
Cleveland and Pittsburg, excursion tickets.
Central railroad of Georgia, return free.
Richmond and Petersburg, return free.
Wilmington and Weldon, excursion tickets one fare.
Wilmington, Columbia and Augusta, excursion tickets one fare.
Kansas Pacific, one and one-fifth fare for excursion.
Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile, and M. N. O., M. and Texas Railroads), return free.
Western and Atlantic, excursion tickets one fare.
Western Alabama, excursion tickets one fare.
Evansville and Crawfordsville, excursion tickets.
Lehigh Valley, excursion tickets one fare.
Louisville and Nashville, excursion tickets.
Memphis and Louisville, excursion tickets.
North Pennsylvania, excursion tickets two-thirds fare.
Pennsylvania Central, excursion tickets.
Philadelphia and Erie, excursion tickets.
Philadelphia, Wilmington and Baltimore, excursion tickets.
Philadelphia and Reading, excursion tickets at two thirds.
Baltimore and Ohio, excursion tickets.
Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All who desire to avail themselves of the above rates must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

SPECIAL.

Camden and Amboy, excursion tickets at $4 from New York to Philadelphia and return, if fifty tickets are taken. For this ticket, send money to Dr. A. E. M. Purdy, 123 East Thirtieth street, New York.

From Montgomery, Ala., to Philadelphia and return (by Tennessee), $39.80. Apply through Dr. R. F. Michel, Montgomery, Ala.

From Washington and Philadelphia and return, $6, if 50 tickets are taken.

Central Pacific, half local rates.

This comprises all the roads that have thus far agreed to commute.

W. B. Atkinson, M. D.,
1400 Pine Street,
Philadelphia.

April 8, 1872.

Items.

——Dr. I. K. Bauduy, of St. Louis, has recently been elected Professor of psychological medicine, nervous diseases and medical jurisprudence, in the Missouri Medical College.

——Women are still to be debarred from studying medicince in the German universities, the Cultus Minister deciding that there is no demand for lady doctors, and that female physic would be a mere drug in the market.

——The medical faculty of Moscow, Russia, look with favor on female physicians, and have resolved to admit them to the educational courses and lectures of the university, and to the privilege of following all the labors of the Medico Chirurgical Academy.

THE

MEDICAL AND SURGICAL REPORTER.

No. 792.] PHILADELPHIA, MAY 4, 1872. [Vol. XXVI.—No. 18.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A THEORY OF LIFE.

By T. Curtis Smith, M. D.,

Of Middleport, O.

What is life? "Aye, there's the rub." By nearly all the students of anatomy, physiology, pathology and psychology, it has throughout all ages been considered to be a peculiar, intangible, mysterious something, an incomprehensible principle, inexplicably connected, in a way too obscure for the human intellect to understand, with animal organization, but still to a certain extent independent of its organic structure. Is this theory, which has by the vast majority of intelligent professional men been almost indisputably accepted, really true? Is life, the vital principle of all the animal kingdom, which has been variously denominated *soul, the thought, the vital force*, etc., beyond the comprehensive grasp of the human intellect? Or is it not a principle that results from organization, force and motion, and explicable in the same sense or manner and to the same extent that chemical actions, mechanics, heat and electricity? Can life attain without the most or all of these agencies being present with and forming any part of the animal organization? If so, and it cannot be proven to coexist with any other tangible or comprehensible agents or agencies of which we can conceive or understand, then it must, to us, at least, remain beyond our ken or even conjecture.

But if we can demonstrate that life depends for its existence on materials and agencies under certain conditions, that are comprehensible, and whose modes of action can be understood by us, then it must be granted that the vital principle is not that mysterious, obscure, intangible something that has a material or gaseous existence, independent in any degree of these material agencies and their perceptible influences. If we but observe what occurs in our own physical structures daily, or of those under our own observation, we shall quite unavoidably perceive that life depends on certain materials and agencies within our grasp, and intended, through the all wise providence of nature, for our use, any one of which, if we refuse to appropriate, in accordance with the demands of the physical economy, life, in a greater or less period, becomes extinct. Should we persistently refuse food, life would terminate in from a fortnight to eighteen days; if drink, it would cease in half that period of time.

Now if life is an independent principle, and exists, or can exist without these perceptible material aids (many more of which could be mentioned), even in any condition, why does it terminate when these supplies, for any reason, accidental or pathological, can no longer be furnished to or appropriated by the animal organism?

But you may say the vital principle is only resident in the organism while certain conditions maintain; and its subsidence, when these conditions fail, does not prove that it depends entirely on them for its existence. Strange too! for if you will apply the same manner of reasoning to other matters of daily observation, you may find it quite difficult to sustain the argument. For instance, you may as well argue that there is a vital principle in the wheel that revolves in consequence of force applied to it. Its revolution evidently depends on the force applied, but because the

force is not applied is no reason why the wheel should not revolve! Then why does its motion cease when the application of force ceases? Why does not any mechanical instrument continue to move and exerts its power on the same ground, without force applied? Such phenomena would be considered miraculous! Yet, forsooth, life is explained upon the usually accepted theory, that would have the wheel revolve without the force being applied. The whole animal organism is but a machine. Look where you will, and mechanical contrivances are observed to accomplish all muscular actions, respiration, circulation, secretion and excretion; and in order to accomplish this, force is needed *continually*, and when the force ceases to be liberated and applied, the vital principal no longer exists.

It may be stated in general that no material exists that is not combined with force, or that force and matter are inseparable—that force liberated causes motion—that motion is never had without the continuous or impulsive liberation of force.

Now, inasmuch as there is always motion in the animal organism (which is about the same or nearly a certain rate during life, being slower after death), force is constantly being liberated to cause this motion. Life cannot exist without continual molecular motion, to maintain which, the constant liberation of force is required. It is equally true that the force which is constantly liberated in the animal organism must be derived from a change of matter, for it is only by a change of matter that force becomes manifested by causing motion; and if derived from matter, then material must be constantly and regularly supplied, in order to render steady motion by the steady liberation of force. As all material is connected with force, which may be liberated on certain conditions, it follows in this instance that material is supplied, as food, water, etc. Food is taken at stated intervals, but the processes of digestion and assimilation are so systematically arranged that the organism is steadily supplied in accordance with demands made. The animal organism appropriates this material, which by chemical change and rapid decomposition or oxidation, constantly liberates force. This force is manifested by the rapid processes of destructive and constructive metamorphosis; by building up tissue and the products of tissue decay as manifested by excretion, muscular strength, sight, hearing, thought, etc., etc.

By these organic changes of material force is constantly liberated; hence molecular motion is constant. If from any cause, mechanical, pathological, accidental or otherwise, the liberation of force ceases, or is greatly diminished in amount, and consequent motion ceases, or is greatly retarded, life ceases as a consequence of this diminished liberation of force and retarded motion.

From the foregoing it may be inferred that life is sustained only by *organized combinations of matter, force and motion.*

Matter and force are indestructible. The form of matter is often changed but is not destroyed. There is no more nor less matter now than there was thousands of years ago. The same is true of force, it can never be destroyed nor created. The various forms of force can be converted into each other, thus showing the unity of all force. When by a change of form of matter force is liberated from that particular combination, it is not destroyed, but simply changed in place or form. In the combustion of carbonaceous matter, as coal, wood, etc.; "force* is manifested in the form of heat, light, etc."

Now as we cannot conceive of a new force, generated or created by this chemical change of combustion, the forces manifested must be derived from the organic matter undergoing the change in question; and until the proper conditions attained, the force thus stored up in the combustible material was latent or not observable. If the wood be allowed to undergo slow decomposition—to rot—the force and matter return again to the earth, from whence they originally came. Thus a change of matter and force is continually occurring without any addition or substraction in amount.

Force is that principle which, when liberated, causes motion, or any change in the form, condition or relative position of matter. "All† the phenomena manifested in the visible universe are caused by the action of force upon matter."

Force is necessary to maintain the particles in their proper places and to give them proper form in all bodies, whether organic or inorganic. The force necessary to retain so firmly the molecules of combustible

*Baker, Mich. State Soc. Reports, 1870, p. 114.

†Norton's Natural Philosophy, p. 7.

material in their proper place and form is liberated when combustion occurs. The force necessary to maintain the molecules of the animal organism in their proper places and to give them proper form and motion, is liberated when the oxidation or other chemical change occurs, and being no longer needed for that purpose, may be used in building up other molecules to a higher grade of organization or in the formation of lower and less stable compounds.* If used in the formation of an inorganic compound it is usually excreted and returned to the earth and may be again appropriated, but by lower or vegetable organisms when the proper conditions attain, as the presence of germinal seeds, heat and moisture.

"An organism is a combination of matter and force."† A living animal organism is a combination of matter, force and motion, the latter being essential to life, and caused by those changes of matter that liberate force. "The character of an organism depends very much upon the facility with which it undergoes change waste and repair, and this depends upon the nature and amount, as well as the arrangement, of matter and force entering into its composition," and, we may well add, the rate of motion.

Not less does the character of an organism depend on the force given it by the parent seed. Every organism has a peculiar form and rate of motion of its own, which is derived from some source; otherwise, the forms of vegetable and animal organisms would be governed by mere chance, as they seemed to be in Hafed's dream. But as the laws governing organization are as unchangeable as the laws of chemistry, that govern the forms of crystalization, so the types and forms are always the same. The seed of a vegetable always produces a plant of the same type and form as the one that produced *it*; and this is not less true in the animal kingdom—like begets like—because a force peculiar to each organic form transmits the same force and form (in kind) to its progeny. This may very properly be called the "form-force," because it gives cast to or moulds the forms of all organisms in accordance with the law that gave cast and form to all predecessors of the same kind.

This peculiar "form-force" appears to remain latent, or "stored up," in the parent seed, and is developed and transmitted to the plant at the time of its germination, which occurs under proper conditions. In the animal organization this form—force is in the semen of the male and ovum of the female, the resulting offspring being formed to resemble the parents—often resembling both in some particulars. Hybridism forms no exception to the rule, for the resulting mongrel animal or plant resembles in some points both parents, the form being modified by the form-force peculiar to each, acting upon the evolutions of matter during the growth and formation of the animal or plant.

The higher animal organisms are sustained only by subsisting on organisms of a lower character, which have themselves been built up and organized from inorganic elements. Thus man is sustained by using as food vegetable, and still more *highly* organized animal food. The inorganic elements of the earth will not sustain his organism.

Now, force is contained or stored up in the organic material appropriated as food, and the breaking down, decomposition, and chemical changes which this material undergoes during the process of digestion and assimilation, liberates force, which in part is spent in building up organized tissue, changing it from lower and less stable to higher and more stable compounds; and much of it is spent in reduction from a higher to a lower grade of compounds, through which his physical forces are caused to be manifested, for the phenomena of life are chiefly exhibited by means of force liberated while matter is changing from a higher to a lower grade in the scale of organization. "We thus* see that, while the process of building up matter and force is essentially organization, the process of breaking down is an essential to the manifestation of those forces which living organizations exhibit. The healthy and proper performances of all the functions of the body depend upon both of these processes. If the changes which constitute digestion and assimilation cease, life soon ceases also; if the changes which should occur in the lungs, or in any im-

*These changes from a lower to a higher, and *vice versa* have been well represented by one of your able members, Dr. Z. C. McELROY, *vide* his paper on the Bromides; also on Dynamics.

† H. B. Baker, Mich. State Society. Trans. for 1870, p. 114.

‡ Ibid.

*H. S. Baker, Mich. State Soc. Trans. for 1870, p. 115.

portant tissue, are arrested, life is also ended."

This able statement, made by Dr. BAKER, leads us again to see how much life depends on the regular, continuous and equal liberation of force, in order to maintain the equal motions of the blood-current in the respective channels through the various organs and tissues and the regular movement of all the molecules of the body, in whatever tissue situated, the rapidity of course being widely different in different tissues, being slow in osseous, very rapid in vascular, and moderately rapid in soft tissues. A very slight variation from the normal rate of motion, from whatever cause, indicates a difference in the amount of force liberated, which may be abnormally too small or too great, either extreme (unless temporary and caused by physical or mental exertion or similar causes) constituting disease, thus doing away with the so-called entity of pathological conditions, called disease. If motion is too greatly increased from liberation of too much force, the organization is likely to be destroyed. On the other hand, if greatly diminished, life is endangered; either of these conditions may be brought about by therapeutic agents. Strychnia may so rapidly increase molecular motion as to cause almost instant death. On the other hand, hydrocyanic acid will so quickly check molecular motion as to cause death, at least as rapidly as the former-named agent.

The interference of the rate of motion by liberating too much or too little force, interferes with the physiological rate of motion concerned in constructive and destructive metamorphosis, and unless the normal rate can be again established, either by the balancing power inherent in all animal organisms, or by therapeutic agents, so-called disease being already established,—*i. e.*, too great or too little motion—may and will result in death.

From what has been stated in the foregoing pages it may readily be inferred (according to our view), that life exists only by virtue of the organization of matter and force, which are inseparably connected, and that motion results from a liberation of force, consequent upon changes of matter chiefly from a higher to a lower organic form, or from an organic to an inorganic form, by which all the vital force—life— is yielded, which gives the vivifying principle to otherwise lifeless matter; that whenever these conditions are very seriously interrupted or too abruptly so, death occurs by reason of too great or too little motion, from too great or too little liberation of force; that the only difference between life and death is a difference in the amount of force liberated and the consequent difference in the rate of motion of the molecules of the animal organism.

MECHANICAL RELIEF FOR PROTRUDING HEMORRHOIDS.

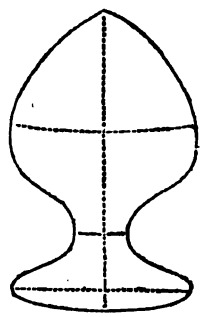
BY CHARLES BASKERVILLE, M. D.,

Of Horn Lake, Miss.

Some months ago I was looking over an old number of the *American Journal of Medical Sciences*, January, 1868, and in reading a review on "Mechanical Therapeutics," by Dr. Wales, of the United States navy, I was struck with the ingenuity of the author in some of his own inventions.

Being a country practitioner, and, to some extent, dependent upon my own mechanical ability for the relief of those who "come to be healed," I especially noticed his contrivance for the support of a prolapsed rectum. This led me to study up some means for the relief of protruding hemorrhoids. With the assistance of a friend, I devised a little instrument which has since, and by experience, proven to be worth more than I anticipated.

Out of a light, but hard, piece of wood was cut a model somewhat resembling an hour-glass; only, instead of two bulbs, the model consisted of one bulb, and a pedicle, or neck, terminating in a button-shaped end. Accompanying this I give a diagram which will assist in explaining it.



In its long axes the instrument should measure about one and one-half inches—three-eighths of this being allotted to the pedicle or neck, two-eighth to the thickness of the button, and the balance of seven-eighths to the length of the bulb—the diameter of the bulb and button being about seven-eighths of an inch each, or larger, according to the size of the parts.

The instrument is to be oiled and the bulb inserted into the anus. As it enters it will restore the calibre of the rectum, and prevent folding in of the mucous membrane. The sphincter ani muscles grasp the pedicle, so as to keep the instrument from coming out, and the button being external, prevents the instrument from bodily entering the rectum. A gentleman patient of mine has been wearing one for months, with great relief, whereas before he was much troubled to keep the protruding parts in place. He removes it with ease when at stool, and immediately reinserts it—the protruding "pile" passing up in front of the instrument.

And notwithstanding the assertion of Professor GROSS, in his excellent treatise on Surgery, to the effect that little can be expected from retentive apparatus in prolapse of the rectum, I know of two cases which have been materially benefited by the use of this little means. It is true that these cases were more dependent upon a relaxed condition of the walls of the rectum than upon a loss of tone or function in the sphincter muscles of the anus.

It has occurred to me that the instrument could be made of vulcanized rubber, with the bulb hollow, and separated into hemispheres, and to be united by means of threads, as in a screw. Here and there could be made small eyelets, and the cavity of the bulb filled with some medicated ointment, which the heat of the rectum would sufficiently melt so as to allow it to pass through and reach the affected parts, and these serve to assist in bringing relief, if not cure. The instrument can be made of different sizes to suit different bodies.

I have so often seen, in the valuable journal which you so ably conduct, special invitations to country practitioners to send in notes of their practical experience, that I feel that I will be pardoned for thus imposing on you, should you deem this paper worthy of publication. But if you see any merit in my suggestions, or think they can be at all beneficial to professional brothers, I will be fully paid by their insertion in the MEDICAL AND SURGICAL REPORTER.

Mr. Isaac Baker Brown.

We regret to learn that this distinguished gynæcologist is suffering from a severe and probably hopeless attack of paralysis and also great pecuniary distress. The medical men of London are contributing to a fund in his behalf.

FOREIGN BODY IN THE AIR PASSAGES.

BY W. J. H. BELLAMY, M. D.,

Of Wilmington, North Carolina.

The following case of foreign body in the air passages is communicated because of its rare occurrence, and the unusually long time it remained before it was expelled, as also the concomitant symptoms and great disturbance of the general system.

About the 20th of December, 1871, Katy L., æt. one year and six months, healthy and well developed for her age, while playing upon the floor picked up an ordinary two-cent piece, and, it was thought, swallowed it. The mother, who was present, noticed something peculiar in the child's countenance, with an apparent choking and difficulty of breathing, and summoned a physician near by, who prescribed, and soon left the patient apparently better. Day after day the little patient seemed to be troubled more and more with a harrassing cough and fever, but not until about the 12th of March, nearly three months afterward, was medical assistance sought, the other hoping the child would improve, and not for a moment suspecting the presence of a foreign body in the windpipe, indeed, was influenced by friends to believe that the cent had long ago passed the bowels. On the afternoon of the 12th inst., having been called to see a lady, at the boarding house of Mrs. Morrison, in this city, I was requested by the landlady to examine and prescribe for the child. I was told that the little patient had a very distressing cough, and high fever of several weeks' standing, the cough and fever increasing *pari passu* in severity. Upon examination I found the child very much emaciated, presenting a tired, anxious expression of countenance, and breathing with difficulty. Pulse 120, irregular and quick, occasionally intermitting; bowels loose, evacuations frequent and offensive; tongue coated, and breath offensive.

The mother stated that the child swallowed very well, and would eat almost anything she gave it; but seemed to be very weak; that she had to hold her most of the time in her lap. The child was now taken with a violent paroxysm of coughing, which lasted some time, and was so very peculiar, and so indicative of a foreign body in the windpipe, that I expressed an opinion that such was the case. I then resorted to auscultation, which verified

my assertion, and made my prognosis unfavorable. Before mentioning the operation of paracentesis, I prescribed a variety of emetics and errhines; I instructed the mother how to give them, and in the event they failed to dislodge and expel the body, I would consult with a medical friend upon the propriety of an operation.

On the morning of March 13th I was accosted by the father of the child, whose countenance was bright and radiant with joy and hope, who stated that the child had coughed up the cent, and was now sleeping sweetly. I went to the bed-side of the little patient, where I found the mother, who, in a manner indescribable, thanked me for my kindness, and handed me the two-cent piece that had been expelled. The mother informed me that during an almost simultaneous effort to cough and sneeze, the cent was seen to drop from the child's mouth. I found the patient very feeble indeed, and ordered milk and whisky to be given every two hours; this was discontinued the next day, and iron and quinine ordered, with good nourishment and out-door exercise. The child has been rapidly improving ever since.

Upon examination of the coin, I find it to be covered over nearly the whole of both surfaces with a black thin incrustation. It seems to be almost incredible, that a two-cent piece could get in the windpipe of so young a child, and furthermore, remain there for so long a time without producing death by asphyxia, but the facts of the case are nevertheless, as related in substance above, sufficiently well substantiated to justify me in my belief of their correctness.

Editorial Department.

Periscope

The Taxis in Hernia.

The *position* of the patient is worthy of consideration in all cases where the taxis is employed. In this regard, authors who have heretofore taught that the supine posture, either upon a hard mattress or the floor with the hips elevated, or that the patient should at times be turned topsy-turvy, these being positions prerequisite to success, have failed, I think, to teach the whole truth, as experience and observation demonstrates. There are other positions of the body equally essential to success as those above enumerated. The upright position is one of them, and the semi prone position is another. I have succeeded in reducing hernia after I had failed with the patient placed in all other positions (save the upright) by placing the patient upon the side of the hernia in the semi-prone position, with the thigh flexed upon the body. I have in this position reduced a hernia almost instantly, after long trial in other positions. I have never yet succeeded by turning the patient topsy turvy in reducing hernia. I once resorted to this method for experiment, after an operation. The stricture I had divided with the knife, there seemed no obstacle in the way of the return of the bowel, but the bowel did not return even when the patient was placed almost in a vertical position, with the head down. I have twice or thrice, after the patient's system had been well relaxed, taken the patient by the legs, after the manner taught in the books, and dragged him across the room with his legs over my shoulders, and his head dragging upon the floor, and have exhausted my strength in this way to no purpose. Never in a single instance have I met with success by this maneuver. It is not strange that those who have commenced practice with the belief that such aposition is proper, should be slow to place any faith in the efficiency of the apposite or upright position. I have a most interesting and instructive case in point, recorded in my note book, that I will briefly relate. I was called to this case in consultation by Prof. Wetmore.

Mrs. P., æt. 42, had a femoral hernia of right side, of one year duration; wears a truss. When the truss was left off, the bowel protruded and could not be returned by persistent efforts of Dr. Wetmore, while the patient was under the influence of chloroform. This was late in the evening, local applications were made use of, and the next morning I visited the patient along with the doctor; chloroform was again administered, when both of us failed to reduce the hernia after somewhat prolonged trial, with patient in supine position. I advised an operation, and during the absence of Dr. W. for chloroform and an assistant, I entered into conversation with the patient upon her own mode of reduction of her hernia when she stated that she always, before this, had no difficulty in reducing it when she was standing upright. I said to her that she should have made this state-

ment before, and requested her to stand up, when upon slight pressure over the tumor I felt a gurgling sensation, that was evidence of the return of the tumor, and she stated that she felt it returning. Convinced that the hernia could now be reduced, but not wishing to accomplish it in the absence of Dr. Wetmore, as no detriment could accrue to the patient, I requested her to lie down again. As soon as the doctor returned she again got up, placing the hand upon the tumor it was immediately reduced by herself. In order to make the report of this case a little nearer perfect, I should state that the patient, while in the upright position, had a tendency to syncope, and this circumstance undoubtedly facilitated the reduction of the hernia, and perhaps was as essential an element toward its accomplishment as the position itself, yet the fact remains that the patient often had occasion to reduce her own hernia, and never could succeed in any other position than the upright one. Whether sh always had a tendency to faintness during her manipulations is not known.

During the past summer I reduced a femoral hernia, right side, by placing the patient upon her right side, nearly in the semi-prone position, with her thighs flexed upon the body; seizing hold of the tumor I almost simultaneously reduced it without the aid of chloroform, when I had failed with the patient in almost all other positions when she was under the use of chloroform. I am to conclud , therefore, that the positions heretofore recommended by the books are not always the best positions, and that if failures occur in such positions, then it will be wise to resort to the upright and if need be to the semi-prone position, when taxis applied will be made most serviceable and efficient.

I am quite willing now to advance a step and claim that to reduce hernia, whether inguinal or femoral, by taxis, that the semi-prone or upright positions of the patient are always advisable, and I am quite willing to use stronger language, and assert that the two positions named are the best, and the supine posture the worst for the patient to assume. It is not relaxation, but expansion, of the abdominal parietes that we want.

But yesterday I reduced an inguinal hernia while my patient was standing, after I had made an ineffectual attempt at reduction with my patient lying on his back.

On the evening of December 29th, 1871, I visited, along with Drs. Diehl and Daggett, a female æt. 73 years. I was requested by her attendant, Dr. Diehl, to go prepared to operate for strangulated femoral hernia. I found the patient with frequent pulse, learned that her hernia had been strangulated, and that she had been vomiting for twenty-four hours, and her daughter stated that what her mother vomited was "bad smelling." She was lying with her head elevated and legs flexed. The hernia was upon the left side, about the size of a black walnut and tender to the touch. Trial had been made during the day to reduce it by taxis, and another trial was now made, the woman in the position above described. The tumor felt tense and was hard and unyielding. Immediately I became convinced that no one could reduce the hernia while the patient remained in this posture, therefore I at once turned her over upon the side of the herniał protrusion, placing her in the semi-prone position, and with the fingers of my left hand reduced the hernia with the greatest ease, not occupying more than two minutes of time. She made a good recovery, notwithstanding the existence of strangulation for twenty-four hours.

Hernial protrusion always occurs when the person is standing. In this position it is easier far, for the bowel, or a portion of the contents of the abdominal cavity, to pass through an open space; why, then, not return the protruding bowel, with the patient occupying precisely the same attitude that was occupied when a portion of bowel emerged from the cavity through the outlet or ring? I am not really conscious that position exerts any considerable influence over stricture, still I am inclined to the belief that it does in some way or another modify the intensity of a stricture. An opening, made through a hollow rubber ball, or a hole made into any spheroidal hollow flexible body of any material, would be invisible when such body or substance was in a state of partial or complete collapse, but expand or inflate the ball, and the opening or hole through it will likewise expand proportionately, so that what before seemed to be a mere puncture is now a good-sized opening.

The abdomen may be likened to a ball or spherical body, the parieties of which are capable both of expansion and contraction or collapse. Standing, the weight of the abdominal viscera is downward, and the person's abdomen may be said to be in a state of expansion. Lying down, in the supine posture the downward pressure of the viscera is taken off and the abdomen is in a condition of contraction or collapse.

This explanation or rather illustration is merely a mechanical one, and may carry no particle of conviction along with it, yet I cannot but think that conclusions herein suggested would be verified by experiments upon the cadaver, which would convert mechanical illustration into anatomical demonstration. If there be any foundation in fact, for this new theory to rest upon, for the relief of stricture, then am I justifiable in asserting, that for the most successful and efficient application of the taxis in strangulated hernia, whether inguinal or femoral, the patient should be required to stand upon his or her feet, or to assume the semi-prone position, rather than to be upon the back.

Prognosis and Treatment of Valvular Disease.

Dr. GEORGE JOHNSON says, concerning these diseases, in the *British Medical Journal:*

The *prognosis* depends partly on the situation and the character of the valvular disease, partly upon the nature of the functional disturbance and the structural changes which have resulted from the diseased valve. In the order of gravity, mitral obstruction stands first, and aortic obstruction last, amongst the forms of valvular disease; for the reason that the feeble auricle has little power, and the strong ventricle much power, to overcome an impediment in front. Aortic regurgitation and mitral regurgitation are about equally grave, but aortic regurgitation is by far the most frequent cause of sudden death by syncope. In the great majority of cases of valvular disease, death occurs slowly, as a result of the impeded circulation through various organs. Amongst the most frequent causes of death are congestion of the lungs, with the resulting œdema, bronchitis, hemoptysis, pulmonary apoplexy and hydrothorax; congestion of the liver, with jaundice and hemorrhage from the stomach and bowels; congestion of the kidneys, with the resulting dropsy and its consequences, more especially inflammation and sloughing of the skin and cellular tissue; and, lastly, impeded circulation through the brain, with the associated nervous symptoms. Sudden death by syncope is an occasional result of aortic regurgitation, but it is rare in connection with any other form of valvular disease.

In the *treatment* of valvular disease, the first lesson to be learnt and acted upon is, that no treatment can have the slightest beneficial influence upon a damaged valve. Mischief has been done by a lowering and a so-called antiphlogistic treatment after the discovery of a bellows sound, which has been supposed to indicate recent inflammatory disease, but which in reality has been the result of chronic degeneration of a valve. The main object of treatment is to prevent the mischievous reaction of a damaged valve upon the muscular walls of the heart; in other words, to promote hypertrophy of the muscular tissue, as the most effectual means of preventing dilatation of the cavities. For it may safely be assumed, as a general rule, that the duration of life in these cases depends upon the degree in which hypertrophy of the muscular walls enables the heart to overcome the impediment to the circulation which results from a constricted orifice or an incompetent valve.

The diet should be nutritious, including a good proportion of animal food. Fatigue and all depressing influences should be as much as possible avoided, as well as everything that tends to excite and hurry the circulation, such as mental or emotional excitement, running, or walking, and violent muscular exertion of all kinds.

Tonics are often useful: quinine, nux vomica, and mineral acids, to help the appetite and digestion; iron, to counteract anæmia.

It has sometimes been said that one object of treatment is to prevent excessive hypertrophy of the heart; but it is doubtful whether this hypertrophy is ever in excess of what is required: doubtful, therefore, whether attempts should ever be made to lessen it. It is true that relief from pain, palpitation and dysponœa is sometimes afforded by a moderate venesection or by local bleeding, by purging, and by temporary low diet. But the probable explanation of this is, that by these means the volume of blood, and with that the work of the heart, is lessened, and not that the nutrition and the strength of the heart's walls are diminished. Small doses of digitalis are often very useful in checking an excessive and tumultuous action of the heart; and a combination of tincture of digitalis with tincture of the percbloride of iron is an efficacious sedative tonic and diuretic. The action of digitalis on the heart must always be carefully watched. It sometimes causes a distressing fluttering and depression, when, of course, it must be immediately discontinued. Extract of aconite appears to possess the power of relieving painful sensations and disquietude about the heart. One-eighth of a grain of the alcoholic extract may be given twice or thrice daily. The effect must be carefully watched. A belladonna plaster worn over the heart often proves an efficient local anodyne. Belladonna, remember, cannot be applied to an abraded surface without risk of absorption and alarming symptoms of poisoning.

The state of the circulation through the lungs and other internal organs must be watched and regulated. Exposure to cold and wet should be carefully avoided. The result of such exposure might be an attack of pulmonary congestion and bronchitis. The occurance of such symptoms would be best met by the prompt application of the treatment for catarrh and bronchitis which I described fully in a former lecture (see *British Medical Journal* Oct. 23rd, 1869). Congestion of the kidney, with a scanty secretion of urine may be treated by the warm bath, or by the hot air bath, dry cupping on the loins, mustard and linseed poultices, and an occasional purgative.

Diuretics are useful in cases of valvular disease, not only to lessen, but also to prevent dropsy. Various diuretics may be tried in succession and in combination—broom, digitalis, juniper, squill, acetate of potash, spirit of nitric ether, compound tincture of iodine. A pleasant and often efficient diuretic is the so-called "imperial drink" made with cream of tartar, lemon-juice and peal, to which a small quantity of gin may be added. Another useful diuretic is a combination of powdered squill, digitalis, and calomel, a grain of each in a pill, repeated night and morning until six doses have been taken. The action of diuretics is often prompted by an occasional hy-

dragogue, as for example, one-sixth or one-fourth of a grain of elaterium, or half a drachm of compound jalap powder, or ten grains of compound gamboge pill. When the impediment to the circulation through the kidney has reached the point at which the urine becomes albuminous, diuretics are generally useless, and often mischievous. In some of these cases, as also in cases of renal dropsy, the best means of promoting a free secretion of urine, and so removing the dropsy, consist in keeping the patient for a time exclusively upon a diet of cold or tepid milk, of which six or eight pints may be taken in twenty-four hours. If there be a difficulty in digesting the cream, the milk should be skimmed. The diuretic action of the milk may be aided by giving twenty or thirty grains of acetate of potash three times a day.

When other means fail to prevent the increase of dropsy, the anasarcrous fluid may be allowed to escape through incisions or punctures in the legs. The drain of liquid usually affords great temporary relief, and is often followed by a copious secretion of urine. It is not to be denied—and the patient and his friends should be informed—that incisions or punctures are sometimes followed by inflammation and sloughing of the integuments; but then, on the other hand, distension of the skin by an excessive dropsical accumulation is not unfrequently attended with the same unpleasant results. In my experience, erysipelatous inflammation and sloughing have resulted more frequently from over-distension of the integuments than from punctures made to remove distension. On the whole, then, puncturing anasarcous legs is an operation which, when done with proper precautions, is so advantageous to the patient, that we dare not shrink from the responsibility of advising it. Many instances have come under my observation in which this simple operation has prolonged life in comparative comfort for a very considerable period.

Treatment of Spermatorrhea.

MR. G. G. GASCOYNE gives the following reconsiderations in the *British Medical Journal:*

The occasional introduction of a catheter as large as the urethra will take is often of the greatest service; it should be passed into the bladder and allowed to remain for five or ten minutes, according to the tolerance of the patient; its mechanical pressure helps to unload the congested capillaries and small vessels of the urethra; its contact deadens and destroys the extreme sensibility of the urethral nerves, and renders them less susceptible to the influence of slight excitants; whilst, by stimulating the muscles, it provokes their contraction, and so renders material assistance in emptying the larger veins. A silver catheter is the best instrument for the purpose, as it exerts firmer pressure than an elastic bougie; and, as the urine can be drawn off through it, the patient will not require to micturate for several hours, which is a point of some importance, as the urethra is often very tender after the passage of an instrument for the first few times. The frequency with which it should be employed depends upon the amount of discomfort its presence occasions; and, if the pain be great, it should not be left in more than a few seconds, lest rigors, swelled testicle, etc., be occasioned. Sometimes the urethra is *extremely* sensitive, and much pain attends the use of the catheter; but this is an additional reason for persisting with it, though a smaller one may be employed at first, so as to cause less pain. I have sometimes found that smearing the catheter with blue or calomel ointment, or with half a grain to a grain of nitrate of silver rubbed down in an ounce of lard, to be of use in obstinate cases; but I prefer the blue ointment to anything I have yet tried. Some camphor, extract of opium, belladonna, etc., may be combined with these ointments, if thought desirable. Care should be taken that these applications do not reach much beyond the curve of the instrument, and it should be thoroughly well oiled before using it. The oversecretion of mucus is always checked by the use of the catheter, whether armed with ointment or not.

Cold bathing, cold douches, etc., should not be employed on going to bed. The ordinary bath in the morning does good; but cold applications at night should be forbidden, as the reaction which follows them will increase the local circulation, and so cause congestion and erection of the penis, and thus increase the probability of emissions.

Not only must the position assumed in sleep be attended to, but undue warmth in bed avoided, whether by using very soft beds or too large an amount of clothing. The bowels should be carefully regulated, to prevent any accumulation within the rectum; and the urine examined from time to time so as to detect an excess of uric acid, the presence of oxalates, etc., which may render its passage irritating to the hypersensitive urethra. Over-distension of the bladder must at all times be guarded against, and the patient warned to pass urine on waking in the morning, lest he doze off again with a full bladder, which is one of the most certain provocations of erection and emissions.

Before commencing to treat this affection constitutionally, it is generally necessary to allay the digestive disturbances which are so common and often so severe, by giving such remedies as may be applicable to the condition of the patient, either with or without the more special medicines. By neglecting to do so, we may not only add to the dyspeptic troubles and obtain no benefit from the drugs given, but a valuable medicine may do harm and be brought into disrepute, in consequence of its being administered at a time when the stomach cannot tolerate it.

Internally, I have found astringents of more use in this disorder than tonics; or they may be combined. Gallic acid, the dilute mineral acids, especially the sulphuric, may be given. Tincture of matico will often be of service, and more so, in my experience, than any other plant rich in tannin, as it appears to act upon the genito-urinary tract, rather than upon the bowels, as is often the case with the others.

Ergot is one of the most valuable remedies for this affection, and the liquid extracts of the *Pharmacopœia* is a very efficient and convenient form for giving it; whilst the dilute sulphuric acid can be added, if thought advisable.

When the urethra is very sensitive, and the passage of urine painful, small doses of copaiba are often most comforting; or the other oleoresins may be tried if it disagree; but none of them, in my opinion, is equal in value to copaiba, when it can be borne.

I am not disposed to regard strychnine in these cases with very great favor; when there is much irritability of the nerves I believe it often adds to this; but when this is subsiding it may be of use as a tonic; so may quinine or iron, but in no other way. I have never given the tincture of iron in the enormous doses (from one to two drachms three times daily) recommended by some, and so I cannot speak personally of its value in such large quantity.

Cantharides, phosphorus (except the dilute phosphoric acid), and the so-called aphrodisiacs, do harm by acting as stimulants to the nervous system generally, and therefore to the local nerves. Cantharides, also, by its action upon the bladder is, especially when given in large doses, a very injurious drug in these cases. For the same reasons I disapprove of local blistering; while the sore left by the blister acts, moreover, as a source of irritation, and adds to the liability of emissions.

Belladonna, in my hands, has proved to be an uncertain remedy; in some cases it has appeared to do good by allaying irritation, whilst in others there were no beneficial results from it. The dryness of throat, disturbance of vision and diarrhea, which are often caused by it, constitute an objection to its employment in full doses, and without them its value is very questionable.

Camphor is a most useful drug; three or four grains made up into two pills, with half a grain or a grain of opium and one or two of aloes, have more frequently allayed irritability and prevented emissions, than anything I have yet tried. Opium alone does not succeed as well, and a larger dose is necessary, so that the untoward symtoms sometimes produced by it are more likely to be incurred.

I have tried chloral in a few cases, and with very great advantage: in doses of fifteen or twenty grains at bed-time, it has answered its purpose admirably.

Bromide of potassium, in thirty or forty-grain doses, will sometimes be of service; but it seems to me a less certain remedy than chloral, which I am disposed to regard as one of the valuable agents we possess for these cases, though as yet my experience of it is limited.

Suppositories vary much in their action whatever drugs they may contain. Occasionally they answer well, but often they do not lessen, and I am not sure they do not sometimes increase, the irritability of the parts.

Galvanism I have not employed myself; but in the few instances where I have known it tried by others, it has seemed to me to do more harm than good, by adding to the nervous irritation.

Lastly, as to cauterization by the *porte-caustique*, I need scarcely say that I am strongly opposed to this method of treatment; for, if my view of this disorder be correct, this instrument can relieve it in no other way than as the passage of the catheter does. I do not believe that ulceration or other morbid conditions of the ejaculatory ducts are the causes of seminal losses. We have no evidence that these pathological conditions exist except, it may be, in very rare instances; and, if so, the application of nitrate of silver to the prostatic mucous membrane in every case of nocturnal emission must be unnecessary; and in spite of its alleged harmlessness, I consider it to be a dangerous treatment. I have known two persons die from the effects of the *porte-caustique*, and I have seen others suffer severely from its employment. This may not be the usual result; but I do say that the application of nitrate of silver to the urethra, whether in stick or in strong solution, is at least a very sharp remedy, and will often produce violent inflammation, and sometimes lay the foundation of a stricture or of a chronic irritation of the bladder. If, then, caustic be applied on an incorrect surmise as to the condition of, and its effects upon, the prostatic mucous membrane and ejaculatory ducts, it is not only an unnecessary, but, in my opinion, an unsafe method of treatment.

Modern Improvements in the Conduct of Labor.

This was the subject of an address by Dr. KIDD before the Dublin Obstetrical Society, from which we make the following extracts:

Improvements in Embryotomy.

Though the use of the perforator and the frequency of embryotomy has been gradually reduced to a minimum, this very circumstance instead of causing the operation to be neglected has led to its improvement. Embryotomy is now only performed in extreme cases, and consequently the instruments that served well in cases of little difficulty soon had their inefficiency made manifest when they came to be used only in cases of great deformity. The improvement of the instruments and

of the methods of operating therefore became a necessity, and to this object have been directed the attention of obstetricians in all lands. In Italy and in France, in Austria and in Belgium, in America, and at home, improvements have been suggested. Long before the necessity for it was recognized elsewhere the cephalotribe was invented by Assalini, to whose genius we are indebted for many other improvements, for the extraction of the head in cases where the conjugate diameter of the pelvis was under three inches. This instrument may possibly have been suggested by the Almisdach, described by Albucasis, and figured by Churchill, but at all events it has come to us through Baudelocque and the French obstetricans, and has now, after successive modifications at home and abroad, been brought to such perfection that by its aid women whose pelvises measured but little more than one inch, instead of the three of Assalini, in the conjugate diameter, have been safely delivered of full grown children.

From Italy, again, we have learned another method of drawing the head through a very narrow pelvis. When the cephalotribe is used it flattens the roof of the skull on the base, and, without breaking this latter, turns or cants it so as to make it come down edgeways; but the brothers Lollini conceived the idea of breaking up the base so as to allow the bones composing it to glide and fold up on one another, and so come through a very narrow space. This they did with a *forceps tarière*, or augur forceps, with which they drilled holes in the base of the skull and so broke it up. This method has been improved on by Dr. Hubert, of Louvain, who, two years ago, read a paper before the Royal Academy of Medicine of Belgium, on an operation he called *sphenotresie* or *transforation*, which consisted in driving a large wedge-shaped screw into the body of the sphenoid, so as to split up the base into a number of pieces; and, about the same time, Sir James Simpson exhibited, at a meeting of the British Medical Association, an instrument, very similar in principle, to effect the same object. From Belgium we have had another plan for reducing the size of the fetal head in the *forceps scie*, or saw forceps of Van Heuvel, of Brussels, with which the head is seized and then cut into segments by a chain-saw; and, more recently, Dr. Barnes, of London, has proposed to effect the same division of the head into segments by means of an ecraseur. We have thus got at our disposal various methods of reducing the head or other parts of a child in utero to such dimensions that it may be drawn through a very narrow pelvis; and I claim it as another example of progress, that by some one or other of these methods in those cases where the pelvis is so so deformed, that some years ago we would all have admitted that delivery could only be effected by that most fatal operation the Cæsarian section, the child can now be removed with comparative safety to the mother.

Bi-Polar Version.

In another class of labors, mechanical skill has done much to overcome difficulties that but too often compromised the life of both mother and child. When the child lies with its long axis crossways, it must be turned before it can be born, or be doubled up, or extracted piecemeal. There are few operations in midwifery attended with more danger than version; the introduction of the hand into the uterus is always a dangerous proceeding; and various attempts have been made to effect the version without it, but it remained for Dr. Braxton Hicks to show that by a combined external and internal manipulation, that is by a hand placed externally on the abdomen of the mother, and one or two fingers in the os uteri, the operation, which so frequently failed before, can in a large proportion of cases be effected with ease and certainty, and the child be safely tilted into the proper position.

Decapitation.

But in some cases of transverse presentation it is found impossible to safely effect the version in any way, and "this impossibility of turning the child had," to use the words of Denman, "to the apprehension of writers and practitioners, left the woman without any hope of relief. Some proposed to decapitate the child under these circumstances, but owing probably to badly devised methods of doing it the operation was seldom if ever practiced, and another was adopted instead. This operation, evisceration, was seldom accomplished, according to Dr. Collins, under two hours; in one case he spent two hours and a-half at it. It is to the operator two hours of hard work and great fatigue, and if it produces great exhaustion in him what must it be to the mother. After a series of attempts the operation of decapitation has lately been rendered so simple and easy of performance that it will probably altogether supercede evisceration. Prof. Pajot, of Paris, has devised a method by which the operation may be effected in a minute and a-half; and I have myself done it with his instrument in this time. It is probable his method may be still further simplified, and in the paper read at one of our meetings during the past session I have myself described a modification of it that will, I hope, make it more easy.

Hemorrhage---Transfusion.

After the birth of the child, and especially when the uterus is fatigued and exhausted by prolonged labor, hemorrhage is of not infrequent occurrence, and sometimes it is of a formidable character. We are indebted to Dr. Barnes for the introduction of a method that seldom fails to control this. I mean the injection of a strong solution of the perchloride of iron into the interior of the uterus. In the session before the last we had several success-

ful cases of this mode of treating post-partum hemorrhage, brought before us by Dr. Roe, and during the same session Dr. Beatty brought before us a case of extreme hemorrhage, in which the operation of transfusion was successfully performed by Dr. Robert McDonnell, and I believe we shall have before us at our next meeting two other cases of transfusion, in one of which the same successful result was obtained, but in the other the operation was performed too late to be of any use. If further experience confirm the teaching of these successful cases, that the operation can be performed without producing phlebitis or other injurious results, it will, no doubt, be had recourse to at a much earlier period than hitherto, and we shall have no more failures from being too late. To inject blood into the veins of a patient dying from hemorrhage is a natural impulse, and has been attempted from the earliest periods. The success of Dr. McDonnell's method depends on a happy application of physiological knowledge and mechanical skill. The difficulties to be overcome were twofold—the risk of obstructing the circulation by the introduction either of a clot or of air. As soon as it was learned that the fibrin was an excrementitious material, and not the essential portion of the blood, it was at once seen that the risk of introducing clots could be obviated by the removal of all the fibrin, or clot-producing material; and this is the first step in Dr. McDonnell's process. To prevent the introduction of air is the remaining difficulty. This is overcome by causing the blood to flow in by its own gravity rather than by a syringe, and by making it pass, in part of its course, through a narrow glass tube, where a bubble of air, if it occur, can easily be seen, and its passage be at once arrested.

Laceration of the Perineum.

Laceration of the perineum during labor, especially in primiparous labors, is very common, and occurs, as has been shown by Sir James Simpson, "despite the very modification of management, and in cases also in which no kind of management has been adopted." This also has been charged against the forceps, and at one time it was taught that the forceps should never be used in a first labor, because of the danger of lacerating the perineum. Most obstetricians of the present day, however, will, I have no doubt, agree with me in saying the progress of the head is more under control when the forceps is used than in the natural labor of strong and impetuous young women, and that the perineum is actually safer when the forceps is skillfully used than when no assistance is given. When the accident does occur, if the laceration do not extend too close to the sphincter ani, the immediate consequences are so trivial that, till recently, it was not thought necessary to adopt any special treatment to remedy the evil; but as the women who have had the perineum torn advanced in life, they often suffer from prolapse of the posterior wall of the vagina, dragging down the rectum with it, a form of prolapse most difficult to relieve. It has consequently become the rule with many, when lacerations occur, to draw together the edges of the wound with one or two sutures, and, though the wound is a lacerated one, perfect union almost always takes place, and thus women are saved from such discomfort, so, though apparently a trivial matter, I think this an improvement not unworthy of a passing notice.

Washing Out the Uterus.

It sometimes happens in the course of convalescence after labor or abortion, that the discharges from the uterus become putrid and exceedingly fetid, from the presence of some decomposing substance within the uterus itself. This sets up fever and blood poisoning, which often run on to a fatal termination; but Dr. Hicks has shown, that with certain precautions the cavity of the uterus may be safely washed out, and the offending substance removed. It was at one time thought exceedingly dangerous to inject fluid of any kind into the cavity of the uterus; but it is now established, that if the os be sufficiently open to allow the fluid to run out again freely, there is neither danger nor pain in the operation; and I am quite sure that I have seen more than one woman relieved of a very serious train of symptoms by having her uterus thoroughly washed out with a solution of permanganate of potash, as recommended by Dr. Hicks.

Lead Poisoning Following the Use of a Hair Preparation.

Dr. J. M. Crocker, of Provincetown, writes to the *Boston Medical Journal:*

The following case of lead palsy, from using a "Hair Preparation," may not be uninteresting. R. W., æt. 55, laborer, was attacked with what appeared to be muscular rheumatism, affecting mainly the deltoid and other muscles of shoulders, last February. When first visited, he was suffering from pains more or less severely for a month or two. Both arms were in this manner crippled. Ordered cotton batting to affected parts, lemon-juice and opiates internally. Made quite a rapid recovery, but when seen in March following he was suffering from an almost complete paralysis of extensor muscles of fingers and hands, with dropping of wrists. He could readily and forcibly grasp, but found difficulty in letting go. No lead lines about gums could be seen. Said he had had several attacks of colic within a few years. The water used for drinking purposes was obtained from a brick well, and stood in a wooden bucket. Ordinary cooking utensils were used in his family. Subsequently, upon inquiry, I discovered that for fifteen years he

had used a "hair renewer," made by himself of three tablespoonfuls lac sulphur and two teaspoonfuls sugar of lead to a pint of water. With this he had drenched his hair and scalp as often as once a week. Under use of iodide of potassium and galvanism he has made a good recovery, the hair-dressing having, of course, been discontinued. The urine was not examined after treatment began. No colic since sugar of lead was stopped.

Reviews and Book Notices.

NOTES ON BOOKS.

——Dr. FESSENDEN N. OTIS, in an article on the Physiology of Syphilitic Infection, reprinted from the *Medical Gazette*, takes the ground that syphilis is at first a local disease; that its later manifestations are wholly dependent upon interference with the *lymphatic* circulation; and that it is the germinal element which is primarily affected. Those who would become further acquainted with his views can obtain his article in pamphlet form from F. Leypoldt, New York city.

——By wish of the executors of Sir JAMES SIMPSON, his friend, Prof. DUNS, F. R. S. E., has undertaken to write his biography.

——Prof HAUGHTON is preparing for the press a volume containing his lectures on Least Force in Nature, and other anatomical subjects.

——We have received:

Report of the Manhattan Eye and Ear Hospital.

Annual Announcement of the Woman's Medical College of Pennsylvania.

Annual Report of the Woman's Hospital of Philadelphia.

Valedictory Address to the 20th Graduating Class of the Woman's Medical College of Pennsylvania, by HENRY HARTSHORNE, M. D.

Fourth Annual Report of the St. Mary's Hospital, Philadelphia.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.

——An investigation concerning the mechanism of the ossicles of hearing and the membrane of the round window, by Dr. CHARLES H. BURNETT; reprinted from the *Archives of Ophthalmology and Otology*.

BOOK NOTICES.

Worms. A Series of Lectures on Practical Helminthology, delivered at the Medical College of the Middlesex Hospital. With cases illustrating the Symptoms, Diagnosis and Treatment of internal Parasitic Diseases. By T. SPENCER COBBOLD, M. D., F. R. S., etc. Philadelphia, Lindsay & Blakiston, 1872. 1 vol., cloth, 8vo., pp. 178. Price

DR. COBBOLD has long been known as perhaps the most indefatigable helminthologist of Great Britain, and in the present volume he has summed up the results of his researches and studies in a compact and lucid form. The lectures are twenty in number, the first six of which were published in the London *Medical Times and Gazette*, the remainder being entirely new and recently delivered. The first eleven are chiefly upon tape-worm, its causes, symptoms and treatment, illustrated with cases. The subjects of the subsequent discourses are seat-worms, thread-worms, ascarides, trichinæ, bots, flukes and maggots. A great deal of attention is given to the most effective methods of treatment, and also to the detection of obscure disorders of the system which arise from the presence of parasites, without presenting such symptoms as would lead at once to a suspicion of their presence. The cases are clearly recorded and repay careful study.

The author adds a list of his contributions to this branch of science, which have been numerous, and the volume is furnished with an excellent index.

Dr. Rigby's Obstetric Memoranda. Fourth edition, revised and enlarged. By ALFRED MEADOWS, M. D., etc., Philadelphia: Lindsay & Blakiston, 1872. 32 mo., pp. 104, cloth. Price $.

Memoranda on Poisons. By the late Thomas HAWKES TANNER, M. D., F. L. S. Third and completely revised edition. Philadelphia: Lindsay & Blakiston, 1872. 32 mo., pp. 155, cloth. Price $.

Both these little books, as their titles denote, are intended as reminders to the practitioners and to the student. That they have

each gone through several editions is an evident proof of their popularity. They are both carefully arranged, and both have undergone thorough and repeated revisions.

The American editor of TANNER'S memoranda has discarded the old classifications of poisons as irrational, and adopted a division into corrosives, virulent gases, neurotics and abortives. He confesses that this grouping is "far from perfect"—and we agree with him. Under each poison are given the symptoms, *post-mortem* appearances, treatment and tests. In the treatment of opium we are astonished to find no mention of belladonna as an antidote. The abortives are treated quite inadequately in proportion to their importance. Generally, however, the book is satisfactory.

Dr. RIGBY'S memoranda has quite a reputation for practical utility, and having the unavoidable faults of omission in compilations of the kind, it deserves much praise for lucidity and conciseness.

The Irritable Bladder, its Causes and Treatment, including a Practical view of Urinary Pathology, Deposits and Calculi. By FREDERICK JAMES GANT, F. R. C. S., etc. Third Edition, revised and enlarged, with additional wood engravings. Philadelphia: Lindsey & Blakiston. 1872. 1 vol cloth. Pp. 221. Price, $

The first two editions of this work were rapidly exhausted, and in the preparation of the present one the author has submitted the text to a careful revision, and inserted considerable additional matter, particularly upon urinary calculi. The subject is treated under three sectional headings, the first being upon the constitutional causes of irritability of the bladder and their "social origin." By the latter term Dr. GANT means such causes as errors of diet, neglect of ablution, mal-excretion, in-door life, mismanaged pregnancy, etc. In common with all intelligent physicians, not warped by prejudices, he urges a wider distribution of hygienic knowledge among the masses, remarking, "in the *prevention* of disease the more will medicine, as a profession, be appreciated and honored" (p. 11).

The second section treats of local causes of irritable bladder, as constipation, diseases of the uterus and prostate, stricture of the urethra and vesical affections. The third is upon urinary pathology and the treatment of irritability of the bladder. The microscopical characters and chemical tests of morbid conditions of the urine are described, urinary calculi explained, and ample practical instructions given for treatment.

The book is English print, on heavy paper, and in clear type. As a practical guide to the troublesome maladies it is concerned with, it will be found of great value to the physician.

The Medical Congress of France.

It is announced that the fourth session of this body will be held this year at Lyons. It will commence on the 18th September, and will last for nine days. Foreigners will be admitted without subscription. The subjects specially propounded for discussion are the following: 1. Epidemics of small-pox, with special reference to the varieties of vaccination, animal viccination, and the best regulations for ensuring general vaccination. 2. Wounds from fire-arms; the primary and secondary effects of the new projectiles, including the discussion of explosive balls; the indications for systematic expectant treatment; amputations and resections in diaphysary and articular fractures; these to be studied in respect to mortality and the preservation of the functions of the limbs; modes of dressing best fitted to prevent complication, and to facilitate transport of the wounded to a distance. 3. Ambulances in time of war, including comparative national organization; relations of the head of the ambulance to the military commander; relations of the official with the voluntary ambulance. 4. The cattle-plague. 5. The causes of the depopulation of France, and the means of remedying it. 6. The treatment of syphilis. 7. The reorganization of medical teaching in France. 8. The practical means of ameliorating the position of the medical practitioner, and placing him in harmony with the importance of the part which he is called upon to play in society.

A Worthy Example.

In his life of the celebrated COBBETT, the unfortunate Rev. JOHN SELBY WATSON states that when Cobbett started his newspaper, the *Porcupine*, he gave notice that it should be kept pure from the foul and offensive advertisements of quacks, though he was told that he should lose £500 *per annum* by the exclusion, as well as incur the hostility of the venders of death-dealing nostrums. In this resolution he may have been influenced by his recollection of what he had suffered from the notorious quack, Rush, of Philadelphia.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 4, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE QUESTION OF INTOXICANTS.

Problems of sociology, to be studied effectively must be studied objectively; that is, not with reference to what we think they ought to prove or illustrate, not with regard to moral or intellectual ends, but simply with intention of discovering naked facts which make them up. Science has nothing more to do with morals, with happiness or with development, than art has. Pure science and pure art are from their nature alike disseverred from the purposes of utility and morality. The ignorance or the neglect of this great truth is the reason why so much ink and words are wasted on discussions concerning the *cui bono*, and its misinterpretation is the cause of that hostility to science and art which has too often marked the history of religious thought, and marred the character of able minds.

We have been led to these reflections by a conspicuous instance, *not* of what we have been criticising, but of its opposite: a discussion of a social problem, and that one of the gravest which we have to cope withal, in a tone of most unbiased scrutiny. We refer to the investigation into the causes, extent, results and prevention of drunkenness, recently carried on by the State Board of Health of Massachusetts. This is so important a question that few men can be found who are capable of examining it without being controled by preconceived views which, they think, must be supported, or else their labor is vain.

One of these few, however, we believe to be Dr. HENRY J. BOWDITCH, of Boston, President of the Board. In the second and third reports of the board he has entered into an extended examination of the use of intoxicants as beverages, and the conclusions he draws bear the stamp of conscientious study.

They are not altogether in the interests of any one party on the temperance question. Indeed, it is likely they will be unpalatable to all. The following propositions include the principal facts ascertained:

First. Stimulants of some kind are found to exist and to be used at times to excess in every quarter of the globe. To use stimulants, therefore, seems to be one of the strongest of human instincts. As such it cannot be prohibited any more than we can annihilate any other instinct. We can only curb it by reason or by law, if it transgresses the bounds of social life.

"*Second.* Intemperance is very rare between the isothermal lines of 77° F., north and south of the equatorial isothermal line of 82.4. It gradually increases on going northward (and southward probably), between 77 N. and S. and 50° isothermal lines, which is the area for the natural growth of the grape-vine. It becomes very rife above 50°, and, moreover, it is of a coarser, more brutal character than in either of the two previously named areas.

"*Third.* Intemperance produces little or no crime at the equatorial area, rarely in the middle area; whereas, it is the greatest provocative of crime above 50° F.

"*Fourth.* Race has immense influence on the prevalence of intemperance. For example, the English race has entailed on this nation the incubus of two centuries of drunkenness, inherited from one generation to another. England now overshadows Ceylon in the tropics, and Australia in the grape region,

with these same habits, thus overriding all climatic law, at least for a time, till reason and conscience and wise laws can restrain it.

"*Fifth.* In Europe and in other grape growing areas of the earth, mild wines are used freely from babyhood to old age, and they do not seem to produce a nation of drunkards.

"*Sixth.* Similar remarks may be made on lager beer and its effects.

"*Seventh.* On the contrary, ardent spirits dwarf intellectually, morally and physically the nation that uses them to excess.

"*Eighth.* Hence we should not classify all liquors as equally prejudicial to man. On the contrary, admitting a human instinct, we should allow the reasonable and free use of some stimulants and discourage the use of others.

"*Ninth.* We should in this country cultivate everywhere the grapevine and permit the use of lager beer. We should open our ports to a free trade in mild, 'unfortified' European wines, at least until we can make sufficient of our own to satisfy the necessities of our own people."

These interesting results prove among other things the uselessness of making drunkenness a mere question of legislation.

There are, indeed, certain instincts which belong to man and which he is certain to indulge. The folly of attempting to prevent this indulgence by prohibition is apparent to every one except those who advocate such action. The recourse is to facilitate the means of *innocent* indulgence; and to appreciate the fact that indulgence *can be* innocent. There are sects who insist upon it that all copulation is criminal; others, that eating flesh is a damnable sin; and others again, that to drink wine is to pour a libation to the devil. With such, argument is usually thrown away; for they intend to keep their opinions, no matter what arguments are brought forward. Their eminent morality does not extend to making them truth-seekers; nor is their humility of that sort which admits the possibility of their being in the wrong.

But there are many others, of various opinions, willing to be guided by new light on an old subject; and to such we commend the above statement of Dr. BOWDITCH. We shall never rightly set about the limitation of the great evil of drunkenness until we have learned its relations to race, climate, rank and latitude.

THE MARCH OF AN EPIDEMIC.

Cholera has twice approached the western world on precisely the same routes which it is now selecting—the one by the Caspian and Black seas, Southern Russia and the Baltic; the other by the Persian Gulf, the Red sea, Alexandria and the Mediterranean.

With these warnings before us and with the undisputed fact to guide us that a *judicious* quarantine and careful sanitary precautions can stop it, the powers of Europe ought to combine with this view. On the southern route the annual pilgrimage to Mecca has been a fruitful source of infection for the whole north coast of Africa. This year the Porte has taken active measures to prevent such a catastrophe. Dr. PASQUA was appointed Sanitary Inspector at Jedda last year, and has recently made a report abundantly illustrating the wisdom of such precautions. The number of pilgrims was about 110,000.

For many years, according to Dr. KADRI EFFENDI, an eye-witness and joint sanitary inspector, there had not occurred such an afflux of Bedouins.

Dr. PASQUA is able personally to declare that no case of cholera was found on board the ships carrying the pilgrims, and that no trace of the disease was observed during the *fêtes*, which were favored by magnificent weather and an agreeably cool temperature. Dr. ARIF BEY, Vice President of the Superior Council of Health at Constantinople, arrived at Mecca with a mission to take under his surveillance the execution of local measures of salubrity and hygiene during the sacrificial feasts at Arafat and Mineh. Some young medical officers of health in the Hedjez were charged with the sanitary police, and appeared to have fulfilled their mission with a zeal and devotion which were crowned with complete success. All Europe and America are interested in these important efforts of the Porte to circumscribe the wanderings of the Asiatic cholera, and for the successful exertions which it has made of late to avert the dangers which this pilgrimage annually threatens us.

But such precautions are not enough. In a "cholera year" there is no reasonable doubt but that the pestilence will arise, *suâ sponte*, in favorable circumstances, and become epidemic in a neighborhood, whether it has not been brought by either individuals or families. Such a case was distinctly proven in Russia last year, and has been very minutely detailed in a German journal. A focus was established from which the epidemic extended in several directions along the lines of travel.

This emphasizes the value of strict sanitary rules and their enforcement, even when the disease is not actually at our doors. Dirt, intemperance, fecal accumulations and bad food, invite, even produce, this fearful guest. But what is the worst of all is *bad drinking-water*. Our America citizens do not appreciate this. Philadelphia has abominable water; New York is not much better; and except Chicago and Boston, few of the great cities but could improve in this respect. We lately read a statement by a gentleman showing how valuable pure water is to a city. He is describing the town of Killarney in Ireland; after mentioning its exceptional untidiness he proceeds:

"The parts of the town to which this description may apply covered about twenty-five acres, and almost every part of that surface was teeming with effluvia from such decayed substances of every sort as are admitted to be of the most noxious kind, without any provision whatever, for carrying off the putrid water which is always to be seen in so wet a climate as this.

"The population is about six thousand, of whom two-thirds live in cabins furnished with the inevitable dung-pit. These cabins contain seven hundred families at the least. The dung-pit averages ten cubic yards in content, so that on twenty-five acres we have at least seven thousand cubic yards of fœtid matter, with four thousand people breathing the exhalation of such an accumulation as could not, I think, be found elsewhere, even in Ireland.

"But, nevertheless, the town of Killarney has always been *a remarkably healthy place*. There is a fever-hospital which has not been full since the famine dysentery in 1847–48, and which is very frequently empty. There is no dislike on the part of the poor to go into this hospital, because it is not the workhouse, so that the few fever cases that do occur are quickly removed out of the crowded houses.

"It was asked: 'How can such a state of things be? or, how can it be accounted for that such good public health can exist amid all this rottenness giving rise to the miasmata so well known as certain producers of fever and cholera?' I suggested that there were two great advantages in favor of health, namely: an ample supply of the very best water, and *smoky houses*. The subsoil of the town is gravel and sand to a great depth, and in this there are many strong springs, the purest water being met with at six or eight feet under the surface. The fuel used is all turf, and the blackened walls of the inside of the houses showed that the inhabitants lived in an atmosphere of peat smoke. I cannot help thinking that such smoke, possessing, as we know, preserving or antiseptic properties, must act as a deodorizer and preventive against infection or malaria."

Perhaps the smoke which envelopes some of our western manufacturing towns may exert some such protection. It would at least be consolatory to the inhabitants to entertain the idea, as it would help to reconcile them to a most disagreeable circumstance.

Notes and Comments.

How to Judge of Contagion.

In a late lecture on State Medicine, Dr. WILLIAM STOKES spoke of contagion as "a characteristic of which the best evidence is found by the application of the *doctrine of chances*. In the progress of an epidemic in Ireland (and doubtless, also, in other countries), in a family of twelve persons, the disease has been known to attack eleven out of the twelve. In some cases, the passing of the fever through so large a proportion as eleven individuals out of twelve, has taken a very considerable period of time, as you may readily understand. It has taken about three months to go through them all. Now, my father proposed these two problems to the

then Bishop of Cloyne, Dr. BRINKLEY, for solution.

1. "An epidemic prevails so severely that one person out of seven sickens. A family of twelve is selected in a particular district before the epidemic has visited it. What is the chance that eleven out of that family shall take the disease, supposing the sickness of one of the family does not promote the sickening of another—that is, supposing the disease not to be contagious, and supposing the family to be not unusually liable to the disease?"

The answer furnished by Dr. BRINKLEY was, that the probability against such an event is 189,600,000 to 1. This is a very singular and extraordinary result.

2. "The same general conditions being assumed, and also that the number of inhabitants of a district is 7,000, what is the chance that, in a family of twelve within the district, eleven will sicken."

Answer: "The chance then is 300,000 to 1 that no family of twelve persons, in a population of 7,000, will have eleven persons sick."

These numbers furnish proofs so convincing of the truth of the doctrine of contagion, that it is hardly necessary to go further. The facts on which they are based are ascertained facts; they have been common facts in epidemic fever; but, recollecting that they were common facts, the chances against their happening, if the disease were not contagious, would be 189,600,000 to 1 in the one case, and 300,000 to 1 in the other."

Disease and the Weather.

A writer in the *British Medical Journal* remarks:

"Meteorologists all know that the warm and moist equatorial current is generally accompanied in winter by a decrease of barometric pressure. How cleverly did the great JENNER embody in a few lines of verse, "On the Signs of Rain," the effects of these atmospheric changes:

> "Hark! how the chairs and tables crack,
> Old Betty's joints are on the rack."

The aching of corns is as readily accounted for as the cracking of chairs and tables; for both are evidently the result of the increase of the amount of moisture in the air. The great alterations in size which epithelial and ligneous structures undergo by the addition or subtraction of moisture are well known; what are the changes in the body when it is exposed to low barometric pressure? RICHARDSON, HEWSON, and others tell us that there is a tendency to exudation of fluid from wounded surfaces, a feebleness in the healing of wounds, a susceptibility to disturbance in the body generally, and a proneness to the production of secondary fever by the absorption of discharges which have undergone some decomposition. The outcome of these facts has been the establishment of the law, that no important surgical operation should be performed when the barometer is low, or when it is steadily falling. The principal effect, however, of diminished pressure of the atmosphere is distension of the capillaries. We all recognize as one of the exciting causes of apoplectic seizures a rapid diminution of atmospheric pressure, producing a sudden capillary engorgement. An exacerbation of the symptoms in cases of joint-disease may be due, perhaps, to the same meteorological change acting in a manner which may be thus explained. In the solid inelastic articular expansions of the bones, which are surrounded by firm inextensile textures forming the joints, the minute nerves, shown by KOLLIKER and others to permeate the cancellous and compact structures in company with vessels, are pressed by these vessels when enlarged against the unyielding walls of the channels through which they pass. Although the nerves of bones do not generally afford healthy individuals any conscious sensations; yet, in diseases of the joints, the bones, when congested, or the seat of inflammation, become painful. Tissues, not supplied with rigid canals like bone, yield to pressure during any temporary increase in the size of the minute vessels. In such tissues, vascular distension from a diminution of the pressure of the air is unaccompanied by pain, because the nerves accompanying the vessels are uninterfered with. Low barometric pressure and an excess of humidity of the air offer conditions most unfavorable for the removal of heat by evaporation and radiation from a congested or an inflamed joint. Teeth, which have a nutrient system very similar to that possessed by bone, become painful when the pressure of the air is suddenly lessened for the same reason. The nerves of the tooth being in a morbid condition from caries, are

temporarily irritated by the capillary enlargement."

On Diphtheria.

Dr. EDWIN M. SNOW, City Registrar, of Providence, R. I., says, in his last monthly report:

The number of deaths from diphtheria, though not large, was larger than the average from this disease. There seems to be of late a tendency to diphtheria in this State, and more especially in the country portions of the State. Diphtheria is undoubtedly contagious by the contact of the diseased sections with the mucous membrane of well persons. Thus, cases have been known in which the sick person, in coughing, has thrown slight portions of the secretions from the throat into the mouth of another person, and apparently produced the disease.

But in most cases diphtheria is not, probably, contagious, but spreads through a community from endemic, or epidemic, causes. Very little is known in regard to the precise nature of these causes; but there seems to be no doubt of their existence, and no other reasonable way of accounting for the spread of the disease.

Influence of Sex on Heart Disease.

From the researches of Dr. QUAIN it appears that enlargment of the heart, one of the most distressing and fatal diseases, is more than twice as frequent in males as in females, the precise proportion being 8 to 3. This remarkable liability of enlargements of men's hearts, as compared with those of women, is, he thinks, unquestionably due to the greater amount of work and anxiety which, under the present dispensation, falls upon men. Ladies may take this fact to heart, and reflect whether, in claiming the rights of women, they may not at the same time incur the risks of men, and with them a new and unexpected form of disability. They might do wisely to rest content for their sex, with hearts suffering, it may be, from those tender affections which often pain, but never kill.

Correspondence.

DOMESTIC.

The Question of Secret Medicines.

EDS. MED. AND SURG. REPORTER:

In a recent number of your journal there is an editorial note reflecting on the professional honor of Dr. A. S. TODD, an old and esteemed physician of this city, and reflecting also on the medical society with which he stands connected here, viz., the Medical Society of the City of Wheeling and County of Ohio. That society has instructed me to report to you the following recent action with the alleged irregular practice of Dr. TODD, with the request that you give it publication in an early number of the REPORTER:

Extract from the Minutes of a Special Meeting of the Medical Society of the City of Wheeling and County of Ohio, held February 23, 1872.

At a special meeting of the society, at which an unusually large number of the members were present, the President, Dr. W. J. BATES, stated that a report was in circulation to the effect that an effort would be made, at the next meeting of the State Society, to have Dr. A. S. TODD removed from membership therein, on the ground that he is the manufacturer or owner of a secret proprietory medicine. Dr. TODD, declaring himself to be anxious for a thorough investigation of the subject, had requested the calling of this meeting. He is now present and desires, if it be the pleasure of the society, to be heard.

Whereupon, on motion of Dr. R. H. CUMMINS, Dr. TODD was invited to make a statement of the case. Dr. TODD said in substance: That he began the manufacture of the pill, now known as "Todd's Anti-bilious Pill," more than half a century ago. At that time all physicians kept medicines and compounded their own prescriptions. He found these pills valuable for common use, and at length they became known and more called for out of the limits of his own practice. He therefore prepared them in quantity, and put them in boxes with printed directions as to their use. In the process of time the knowledge of them extended, and the demand of them became great. But the pill was never advertised by him, nor was its composition kept secret, but was always known to the medical men with whom he associated.

At the time he began the manufacture of this pill, no established code of ethics for the government of medical men existed in the United States, and he had never felt conscious that his conduct reflected discredit on the medical profession, nor had it ever been so intimated to him. He had assisted in the organization of every medical society in the county, and also of the State Society; and no one had ever disputed his right to professional recognition.

Besides, he had not manufactured the pill for three years, and for two years had been in no way connected either with its manufacture or sale.

If the society felt that its honor, or the honor of the profession at large, was compromised by continuing him a member, he would willingly withdraw, if allowed to do so. And although, in consequence of advancing age

and infirmity, he had for a number of years ceased to engage in the active duties of the profession, yet he dearly loved to meet with physicians both here and in the State Society; but he would not allow his presence here to jeopardize the recognition, by the American Medical Association, of either this or the State Society, or in any way interfere with their prosperity or usefulness.

On conclusion of Dr. TODD'S address, remarks were made by a number of the members, all agreeing that no action was called for by the circumstances of the case; and the following resolution, offered by Dr. R. H. CUMMINS, was unanimously adopted:

Resolved, That Dr. TODD'S explanation that he has not manufactured any proprietory medicine for three years, and that he has had no interest in any such medicine for two years; also that he never at any time advertised any medicine, nor kept secret from the profession the composition of the pill now known and advertised as "Dr. TODD'S Anti-bilious Pill," be accepted as his justification, and that he retain his membership in this society.

S. L. JEPSON, M. D.,
Secy. Med. Soc. City of Wheeling and Co. of Ohio.

Wheeling, W. Va., April 5, 1872.

[We are "free to say" that we do not consider the above explanation altogether satisfactory. Dr. TODD, if he had done nothing more, should have expressed his intention to withdraw his name from the advertising columns of the newspapers, and stated the formula of his pills. That the society required nothing of this kind from him does not speak well for its earnestness in the matter. —EDS. REPORTER.]

Extra Uterine Pregnancy.

EDS. MED. AND SURG. REPORTER:

I have been requested by some members of the profession in this vicinity to report for publication a case which came under my care a year ago. Mrs. S. Lloyd, æt. about 35, was afflicted about the 1st of March, 1871, with severe pain referred to the umbilicus, and the locality of the 4th and 5th lumbar vertebræ.

When called to her bedside, I found her suffering excruciating pain, and administered an anodyne. I gleaned the following from the friends present: That she was supposed to be in the sixth month of pregnancy that pain had almost been constant during the last month and was aggravated much by exercise, especially by movements upon the feet or in the upright position. Stethoscopic examination revealed the fact that she was possessed of a living fetus situated almost entirely in the right lumbar region. Palpation could not be employed with much advantage, in consequence of the tenderness of the parts, but the supposition at this time was that some uterine tumor or contained substance had distended its walls in this direction and produced the unnatural position of the fetus. A month passed, during which the patient was kept comparatively comfortable with anodynes, when the fetus was found to be dead by the absence of the heart's action. After another month the effect of ulceration could be observed beneath the integument and fascia and by moving the cyst containing the foreign substance, it was found to be adherent to the abdominal parietes.

On the 27th of May a probe was forced through in the linea alba at the umbilicus and a portion of the amniotic fluid and hair from the fetus obtained.

This completed the diagnosis, after which an incision four inches long in the linea alba from the umbilicus down was made, and the fetus removed. The placenta was detached from the external fundus of the uterus, carefully removed, and the incision closed by sutures.

The wound was dressed and cleansed with a ten-grain solution of carbolic acid, until healed, which was completed in six weeks. The fœtus was a perfectly formed female child of five pounds weight.

The patient is now in entire health and resides at this place. Dr. W. L. MCALLISTER was present and assisted in the operation.

H. R. PAGE, M. D.

New Sharon, Nahaska Co., Iowa, April 6, 1872.

Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

The following case may be of interest from the large amount of the drug used without intermission or visible injurious effect on the system:

On June 27th, 1871, I was called to see Mr. T———, æt. 62; lymphatic temperament; soft, flabby muscles, complxtion pale and anemic. He was irritable and nervous, his chief complaint being want of sleep, with violent headache and a buzzing sound in his ears.

Previous to my visit he had used opium and morphia largely, with nearly the whole list of narcotics, but failing to produce sleep they had greatly increased his headache and nervous symptoms until he fancied himself on the point of insanity, and that he must either sleep or die.

Under these circumstances I ordered the following treatment: Quinine and iron, with beef tea, milk-punch and nourishing diet during the day, and at night the following prescription:

℞. Chloral hydrate, ʒiij.
Syrup tolu,
Aq. cinnamom. aa. ʒij. M.
Sig.—A tablespoonful in a wineglassful of water every hour till he sleeps.

This had the desired effect, but he used the whole of the above prescription during the night. He soon left off the tonic treatment,

but kept on with the chloral, his regular quantity being three drachms every night, which he has used ever since. Up to the present time he has taken *seven pounds* of chloral hydrate.

It does not seem to have had any very injurious effects on the system. An eruption of a papular character appeared on the skin two or three weeks after he commenced taking the chloral, first showing itself on the extremities and gradually extending over the whole body; this was troublesome principally on account of the great itching it produced, and remains a source of annoyance.

He still continues to take the chloral and fancies he cannot live or sleep without it.

WM. C. TODD, M. D.

Roxborough, Pa., April 23, 1872.

Fatal Injury of Stomach and Lungs by a Fall.

EDS. MED. AND SURG. REPORTER:

Mary E. D., æt. 14 years; tall and well built, weighing 112 pounds; coming out of a school-house at night after religious services, stumbled and fell over a piece of wood that had evidently been put there purposely by some one.

She struck her stomach and lower part of the lungs, bursting the band of her dress and ripping it open for several inches. It hurt her severely at the time, and she was barely able to get home. For several days after she was able to walk about a little, but complained of pain in the stomach and lungs. This was followed with fever of a typhoid remittant form, accompanied with constant pain, and some dyspnœa; appetite poor; cough and night sweats. She was treated by Dr. W. A. KANDIE and myself. Dr. REEDER also saw her and prescribed for her.

This was two weeks after she had fell; in a week from the date of Dr. REEDER'S first visit my youngest child (a little girl) died; this very deeply affected her sister Mary. The treatment, although judicious, seemed to be of no benefit, her condition becoming worse.

My esteemed friend, Dr. D. C. PUSEY, of Brandenburg, Ky., was called to see her; he diagnosed pleuritic effusion, and gave it as his opinion that she could not recover. Her breathing was quite difficult, and growing worse every day. Five days from the doctor's visit she complained very suddenly of a sharp and severe pain in her stomach and upper part of her bowels. I gave her morphia, which afforded her some relief for a short time. A few hours after she told me that it seemed as if something was breaking loose from about her stomach and lungs, and going down into her bowels. The pain now almost ceased; vomiting, and cold, clammy sweat supervened, and continued until she died, December 8, 1871. I firmly believe that her death was caused by the blow she received in falling, and shall ever consider the person that put the obstruction in the doorway guilty of taking my daughter's life.

J. T. DAVIS, M. D.

West Point, Hardin co., Ky., April 6, 1872.

News and Miscellany.

American Medical Association.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, $4 a day.
Girard, Chestnut and 9th, $3 a day.
La Pierre, Broad below Chestnut, $3 a day.
Calonnade, Chestnut and 15th, $3 a day.
St. Cloud, Arch below 8th, $3 a day.
St. Elmo, Arch above 3d, $2.50 a day.
American, Chestnut below 6th, $2.50 a day.
Merchants, 4th above Market, $2.50 a day.
St. Lawrence, Chestnut below 12th, $2 a day.
Alleghany, Market below 9th, $1.75 a day.
St Charles, 3d below Arch, lodging only, 50 cents a day.
Miller's, 7th and Chestnut, lodging only, $1 50 a day.
Meals at restaurant of Horticultural Hall and Petry's, N. W. corner Broad and Walnut, each 50 cents.

BOARDING HOUSES.

318 South Broad, $2 a day; or $10 a week.
N. E. corner Broad and Spruce, $1.50 a day; or $10 a week.
329 South Broad, $2 a day; or $10 a week.
1327 Spruce street, $2 a day; or $12 a week.
225 South Broad, $2.50 a day; or $12 a week.

RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent.
Cumberland Valley, excursion tickets.
Orange, Alexandria and Manassas, half fare for return.
Pittsburg, Cincinnati and St. Louis, excursion tickets.
Pittsburg, Ft. Wayne and Chicago, excursion tickets.
Cleveland and Pittsburg, excursion tickets.
Central Railroad of Georgia, return free.
Richmond and Petersburg, return free.
Wilmington and Weldon, excursion tickets one fare.
Wilmington, Columbia and Augusta, excursion tickets one fare.
Kansas Pacific, one and one-fifth fare for excursion.
Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile and M. N. O., M. and Texas Railroads), return free.
Western and Atlantic, excursion tickets one fare.

Western Alabama, excursion tickets one fare.

Evansville and Crawfordsville, excursion tickets.

Lehigh Valley, excursion tickets one fare.

Louisville and Nashville, excursion tickets.

Memphis and Louisville, excursion tickets.

North Pennsylvania, excursion tickets two-thirds fare.

Pennsylvania Central, excursion tickets.

Philadelphia and Erie, excursion tickets.

Philadelphia, Wilmington and Baltimore, excursion tickets.

Philadelphia and Reading, excursion tickets at two-thirds.

Baltimore and Ohio, excursion tickets.

Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All those who desire to avail themselves of the above rates must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

SPECIAL.

Camden and Amboy, excursion tickets at $4 from New York to Philadelphia and return, if fifty tickets are taken. For this ticket send money to Dr. A. E. M. Purdy, 123 East Thirtieth street, New York.

From Montgomery, Ala., to Philadelphia and return (by Tennessee), $39.80. Apply through Dr. R. F. Michel, Montgomery, Ala.

From Washington and Philadelphia and return, $6, if 50 tickets are taken.

Central Pacific, half local rates.

This comprises all the roads that have thus far agreed to commute.

W. B. ATKINSON, M. D.,
1400 Pine Street,
Philadelphia.

April 8, 1872.

Medical Society of New Jersey.

The next annual meeting of the Medical Society of New Jersey will meet in the Court House at Patterson, on Tuesday, May 28th, at 7:30 o'clock, P. M.

WM. PIERSON, JR., Sec'y.

OBITUARY.

WILLIAM W. GERHARD, M. D.,

Who died in this city April 20th, 1872, in his sixty-fourth year, was born in Philadelphia, 1809. For fifty-two years he was one of its most distinguished practitioners and clinical teachers in the University of Pennsylvania. After graduation, he entered the Pennsylvania Hospital as resident physician, where he spent three years in practical study. He visited Europe, spending several years in Paris under the private instruction of the celebrated auscultator, Dr. LEWIS, who subsequently stated that Dr. GERHARD was one of his most accomplished pupils in physical diagnosis. After his return he was appointed lecturer in the Medical Institute, one of the visiting physicians to the Blockley Hospital, and assistant clinical lecturer to the late Prof. JACKSON, and subsequently one of the physicians to the Pennsylvania Hospital, where he lectured to a large class of students, and for twenty-five successive years was the senior physician to that venerable institution. He was a most able diagnostician, and was most remarkable for accuracy, rarely ever making a mistake, however obscure the disease. He soon became known all over the United States, and patients flocked to him from every part of the Union, paying him large fees for his advice. He was the author of numerous valuable papers in the *American Journal of the Medical Sciences* and *Medical Examiner*, of which latter journal he was editor, but his principal work was the Diagnosis, Pathology and Treatment of Diseases of the Chest.

In 1835 he published it as a short treatise on the *Diagnosis of Thoracic Diseases*, embodying what was most important in reference to the physical and general signs. At the request of many of his pupils he added general symptoms and treatment with additional lectures, published in March, 1846. It was again issued, being a fourth edition, in 1860, revised and enlarged (published by J. B. Lippincott & Co., of this city). He also edited *Grave's System of Clinical Medicines*, with notes and additions. In 1841 he conducted the medical clinic of the university in the Medical Institute, which, in 1843, was transferred to the university building; he continued to hold his appointment until 1859. During this period Dr. GERHARD'S fame as a lecturer and teacher caused him to be invited to occupy the chair of Practice of Medicine in the Jefferson Medical College, on the re-organization of the faculty by Prof. DUNGLINSON and others, which he unfortunately declined by the advice of his friends of the university.

Besides the appointments which we have enumerated, Dr. GERHARD was consulting physician to the Philadelphia Dispensary, Fellow of the College of Physicians, and member of the American Philosophical Society; also honorary member of the principal medical societies of this country and of Europe.

He was a warm and constant friend, an agreeable companion, a highly educated gentleman, a man of varied culture, and an honor to a noble profession. Having visited almost every portion of Europe, as well as his own country, his knowledge of the habits and peculiarities of the inhabitants of every locality was most remarkable, and frequently his patients would be surprised and delighted by his informing them what particular section of the country they came from, on their simply stating their case to him.

He leaves a wife and three children to mourn the loss of a dear husband and loving father. May he rest in peace, and may his example be followed by the younger members of the medical profession.

MARRIED.

CYPERT—NOSTRAND.—In New York, April 18, by Rev. N. Conklin, Dr. John E. Cypert and Ella Nostrand, of New York.

RIGGS—BATES.—At Malone, New York, April 17, by Rev. C. H. A. Bulkley, Rev. Herman C. Riggs, of Rutherford Park, N. J., and Miss Agnes E. Bates, daughter of S. P. Bates, M. D., of Malone, N. Y.

SNIVELY—STRICKLAND.—At the Church of Holy Communion, Brooklyn, April 16, by Rev. Wm. A. Snively, Rector of St. Peter's Church, Albany, Joseph C. Snively, M. D., and Mrs. I. Josephine Strickland, both of Brooklyn.

DIED.

CROWDER.—At Norristown, Tennessee, on March 19, 1872, Mrs. H. M. Crowder, wife of Dr. R. P. Crowder, aged thirty-two years.

DOLLEY.—Dr. Lester C. Dolley, of Rochester, N. Y., died April 6th, of spotted fever.

HELM.—At Muncie, Ind., April 8, Dr. John C. Helm, in his 60th year.

HUBBARD.—In Lansingburgh, April 8, 1872, Lucy A., only daughter of Sally M. and George H. Hubbard, in the 24th year of her age.

JAMES.—At Kokomo, Indiana, April 6th, Dr. J. A. James, aged 52 years.

MOORE.—In Wells Valley, Fulton county, Pa., on the 27th of March, Dr. James Moore, in the eighty-third year of his age.

PAWLING.—At Danville, Ky., April 4th, Dr. William Pawling, aged 72 years.

PRESTON.—In this city, on the evening of the 18th inst., Ann Preston, M. D., aged 58 years.

RILEY.—Dr. James Riley, a prominent resident of Secaucus, New Jersey, died two weeks ago of pneumonia.

STEELE.—At Oberlin, O., April 6th, Dr. Alexander Steele, aged about 70 years.

VARNEY.—At Savannah, Ga., on April 12, 1872, Royal W. Varney, M. D., of New York city.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEASLES.

By Hiram Corson, M. D.

Of Conshohocken, Pa.

In my article on scarlet fever I promised to inform your readers how, more than forty years ago, I breasted the opposition to the use of cold water as a drink for sick people, and especially those suffering from diseases of skin, as scarlet fever, measles, etc. Persons have said to me, "We do not see how you could justify yourself, inexperienced as you were, wholly unacquainted with *practice*, to go directly contrary to the teachings of experience in cases where life was at stake. You had no warrant for what you did, and if a mother had lost her child under your treatment, you would properly have been denounced as its murderer." All who do not follow a routine practice act from motives—and it is well and oftimes interesting to go back to the motives or incidents which led us to pursue a course not usual in our business, or to embrace opinions in direct opposition to those given to us by authority, received as truths, and acted out in our lives, without a suspicion of their being falsehoods. That it was very dangerous, almost fatal to drink water while having the measles, was as well known to every school child in the neighborhood where I lived, as that we were really living children—no one ever doubted it. Every doctor had declared it over and over again, not because any one attempted to drink it when sick, but merely to show that he had knowledge on the subject.

While thus impressed, and with an almost idolatrous confidence in the skill of our doctor, an incident occurred which swept my young heart till "it wailed like a broken harp string," and left me in a state of doubt and perplexity and distrust of what I had regarded as truth and duty. When I was yet only a lad, a little niece whom I truly idolized was taken with measles, and as she was quite poorly the doctor was sent for. Warm teas were ordered, with directions that she should be kept warm, and no cold water, which she was clamoring for, allowed. Soon she became worse, and daily and hourly worse—a hoarse cough, oppression, burning fever, torturing thirst, a large blister over her chest, and begging, piteously begging for water. Day and night she suffered on, and day and night a loving mother ministered to her wants as best she could, with teas, the teas which experience prescribed. But there was not a moment's relief. The thirst continued, the blister was a great raw surface, torturing the poor little creature, and so, still calling for a drink of water, she suffered this fearful agony until relieved by death.

When all was over my young brothers and myself clustered about our sister, who to us supplied a mother's place, and while we sorrowed for the dear departed we had one regret which we could not shake off, namely, that we had not rebelled against custom and the doctor, and given the little creature as much water as she could drink. From this grew the fixed determination never again to refuse a child, thus suffering, a drink of cold water. In a week from this time a young man living in the family felt feverish and thirsty, and as he had not had the measles, and supposed himself to be getting them, he concluded, as he was just about to walk several miles to meet-

ing, to lay in a good stock of water beforehand (knowing he dare not take it after the measles appeared). So he went to the pump and drank largely, very largely of cold water; then started on his walk. When in six hours he returned he was covered with the eruption, and his case went on without trouble to the end, though he did not drink any more of the forbidden beverage. I thought much about this case and could not see why, if he could drink freely of water just as the measles were ready to appear, without fear, yea, with real comfort and advantage, it should be dangerous to use the same drink *after* the eruption appeared.

Before I had graduated in medicine I made another observation, namely, that the first child in a family who gets measles nearly always has the eruption well out before the parents are aware that it is having the disease, and such cases generally go through the disease very well. But now that the parents have discovered that one of the children has the measles, there is a bustle in the house; the other children are brought in, are closely watched and cautioned against taking cold, and on the slightest symptoms of sickness are put into a warm room and made to drink freely of warm or hot teas. They are not merely cautioned against taking cold water, but are compelled to take hot teas under the belief that they help to "bring out" the measles; and what an anxious time for the parents and what privation and suffering for the children! There is no physician of long experience who cannot call to mind numerous cases where children have been nauseated by those teas for a whole week before the eruption could be made to show itself. Why so long—and why did they come out so readily in the first case occurring in the family? The first child had the ordinary symptoms—a little headache, some general malaise, slight fever and desire for drink—but while children can go about they will "keep up," as the mother says; so being thirsty and the water agreeable to take, cooling to the heated system, and relieving to all the sypmtoms, it is taken freely. The child goes to the bucket, the spring or the pump, as the case may be, and drinks to repletion many, many times a day; and thus the body being kept cool, the child feels sufficiently comfortable to indulge in pastimes, often even to continue at school, and there is no suspicion of measles until it is announced by the eruption.

This very day I have been called to two girls, one of them eleven and the other nine years, covered with measles, and yet they were at school yesterday. Many a time have I been sent for to tell what the eruption was, and have found the child but slightly complaining, although covered with the eruption of measles. But why did they not come out easily on the children who took the warm drinks? Why were their cases so suffering and sometimes fatal? Ah! that is the question which I must answer or lose my case. But as the answer is not needed just now, I will trust to making it plain as I proceed. It was then from witnessing the sufferings of my idolized niece, and from observing the good effects of copious draughts of cold water upon those children, who were, unknown to their parents, having the disease in the early stage, and were drinking cold water without stint, that I felt myself authorized to order cold water as a drink; as a *remedy* I will say—to those getting or having measles. This was my only justification for breaking away from a custom extensive as the continent and as unchanged from time immemorial as the laws of the Medes and Persians, which alter not.

It was not strange that I should be met with opposition, even denunciation, from both parents and physicians. But strong in my convictions, determined in my purpose and successful in my treatment, I kept on my way until now, in my forty-fifth year of practice, I can say without fear of successful refutation, that in all this time, in an attendance of thousands of cases, only two children have died from this disease to whom I was called. Of them I shall speak hereafter. Such is my preface. Now of the disease and its treatment.

Authors differ but little in their description of this affection. CULLEN, who wrote about 70 years ago, in two or three pages gives as good a history of its main features as do recent authors who spread it over many pages. No one speaks of it as a disease of great danger, and yet all authors agree in representing it as a *precarious* one. The young practitioner, though he knows that it is not generally fatal, enters upon the treatment of it with great distrust. He has come away from the teachings of the college and the reading

of medical books with a feeling that it is a treacherous disease; that it may not "come out well," or after having come out, may, from no apparent cause, "strike in," and a train of fatal symptoms are developed; symptoms of which he can scarcely divine the cause, and the relief from which is not to be gotten by measures to which he would resort, if such symptoms should manifest themselves in other diseases. So, too, the mother. She watches for the eruption, and believing that on its free and copious development depends the successful progress of the case, and confiding in the traditions which have come down from the mother to daughter, and from physician to nurse during a century, that cool air retards the eruption and warm drinks promote it, excludes the former and gives with unsparing hand the latter, too often with fatal effect.

There are a few points in the history and treatment of measles on which parents and physicians have been fully agreed:

First. That, while measles are not a very fatal disease, there is an uncertainty about their going regularly through the various stages, and that the cause of that irregularity cannot always be certainly guarded against nor successfully combat'ed.

Second. That covering the patient with an abundance of bed-clothes in a warm room and giving him freely to drink of warm teas will promote the eruption.

Third. That exposure to cool air and the drinking of cold water are detrimental to the development of the eruption or efflorescence on the skin (which they regard as the disease) and that consequently they must be avoided.

Fourth. That purgatives given during the appearance of the eruption or before the decline will be likely to cause it to strike in.

Fifth. That if symptoms of lung, or stomach, or bowel affection supervene, and the heat and redness of the skin are diminished, all these result from the eruption striking in, and can only be relieved by an immediate resort to hot and stimulating drinks. Shall I say that these opinions have legitimately grown out of the teachings of professors to their pupils, and have been by them handed down to mothers and nurses? No; I think their growth was in the contrary direction. The traditions of the nursery—respecting a disease which mothers were believed to know more about than the *doctors*—have been handed down from mother to daughter and from nurse to nurse, from time immemorial, and every one who passed safely through the treatment was so firm in the belief of its saving power that even learned physicians and scientific teachers have not yet been able to emancipate their minds from those traditions.

But be the solution as it may, certain it is that those opinions have been held and practiced during all my time and are yet the prevalent opinions everywhere. Young men still come away from college and pass into practice afraid to give a drink of cold water to a child in any stage of measles. Old physicians who have practiced for nearly half a century have never yet ventured to give a glass of cold water to a child suffering the terrible thirst attendant on this disease. Even now from the desk of the teacher the dangers of cool air and cold drinks are pointed out, and though he may say, "if the fever run very high and restlessness be very extreme, a little cool water may be allowed," it is so guarded by fearful descriptions of the dangers of repelling the eruption that the pupil is afraid to assume the responsibility of using the much-dreaded drink, and so the child suffers on through weary days and nights that terrible thirst, which no warm drink can ever allay, and which, once felt, can never be forgotten. I have carefully examined the treatment of measles as given by our best authors—have heard from the lips of truthful students the teachings of "professors on practice;" have looked through medical journals and "transactions" of State societies, and have yet to learn that any one has openly advocated the use of cold water even as a valuable means of relief in this disease. In a very few instances it may have been *allowed* in cases of extreme thirst and great suffering.

In the hope that my experience with cold drink and cool air in this disease may be found useful to the young physicians to whom it may come through your journal, and may warrant them in giving this most delicious drink to the feverish and thirsty child I shall lay it before them.

In 1828, soon after I began to practice, I was called to a family in which the measles had already appeared on one child and the others were expected to have them. The mother had been giving hot teas, and though the eruption was well out, the child seemed

to be suffering greatly. It coughed violently and was extremely restless and wretched, though it was well covered in bed and in a very warm room. The other children, too, were closely kept to this room, for fear they might be getting the disease, and were now and then given a good draught of warm tea. I advised the mother to give the child plenty of cold water to allay its thirst and fever. She was startled—what, give it cold water! Why, won't that kill it? No. It is the proper thing for it. It will cool it off so that that it can rest. Suffice it to say that on my strong assurance that no harm would come to it, but that the water would, perhaps, be the only thing needed in the case, she consented to give it; to do that which her heart yearned to do, but which her fears had forbidden. I gave it no other medicine—I say medicine, because though other medicines may be needed occasionally in this affection, there is not one in the whole materia medica so valuable in every stage of disease as this most delightful beverage and "fever medicine."

I visited it morning and evening to see that no harm should come to it. It went happily on to convalescence. I allowed the other children to run about and drink freely of water, not only till they began to complain of illness, but until the eruption came out, and on through all the stages of the disease—they all did well. The Rubicon was passed. It was noised around the neighborhood. Neighbors came to see if it were so that the children had drank cold water while having the measles, then went to others to tell them of the innovation. As the disease spread, I was called from place to place, and persistently followed the same plan of treatment, using cold water as a remedy, and in many cases as the only remedy. But if a laxative were needed, or an opiate to allay the cough and procure rest at night, it was administered. During the whole epidemic not one died, not one suffered from dangerous complications. But this visitation of measles was not severe nor very general. In the winter of 1833 it came again, and was marked for its severity. The same treatment was pursued and with uniform success, but I had not a majority of the cases to treat. There were other physicians around me; men beloved and relied upon, and as they adhered to the good old way, and strongly repudiated the new, I sometimes had difficulty to get those to whom I was called to follow my advice, but, as I never yielded assent to the giving warm drinks, they generally came over to my plan, rather than assume the responsibility of refusal. Some of the families with whom I practiced preferred not to call me at all, but themselves undertook the treatment in the old way, as was not unusual even in the practice of other physicians, only calling the doctor when some difficulty occurred. We had, then, during that winter, my cooling treatment, the warm treatment by the doctors and the warm treatment by the mothers without any physician.

I was in a delicate position and watched with intense anxiety the progress of my cases. Several children died in the region around, but not one who had the cooling treatment. I observed, too, an important fact—nine times during that winter I was called to patients who, having passed successfully through the measles and believed themselves well, took a short walk in the yard, or to the barn, or sat for a short time on the porch, of a pleasant day, in the sunshine, and were, after a very brief space of time, seized with an oppression about the chest, which soon increased to great difficulty in breathing, in some instances like the worst forms of asthma.

I confess that I then scarcely knew what was the matter—scarcely know yet—but as the lancet was the remedy for desperate cases, it and the warm bath and opiates managed to procure relief in a few hours. Every one of those cases had been treated by warm drinks in a warm room—not one of them subjected to the cooling treatment. I pondered this fact. The solution was easy. Those patients had been for two or three weeks in a heated room, taking warm drinks, perspiring night and day—all this time in a temperature of 80° to 90°, and were then suddenly exposed to the cool, damp air of a mild winter or early spring day. You know the rest. The surface was quickly chilled and the lungs heavily congested. Not so with those who were kept in a cool room and used cool drinks. They could go out without danger. Here I might almost close my paper by saying that from the year 1828 until this day in 1872, I have used cold water as a remedy; not merely allowed it as a drink, in every case of measles under my care, and in not one single instance was there a fatal ter-

mination. But what of the two cases which I said died? One of these, a healthy male child of one year, had been by his mother well heated for several days to bring the measles out. They came to her satisfaction—he was like a boiled lobster for redness, and she thought she was succeeding finely, when at midnight she found him struggling in convulsions. In about two hours I saw him still in convulsions, and in an hour more he was dead. The other, a girl of about seven years, in a family where several children had the disease, and when the mother was conducting the treatment, was severely attacked in the night with croup—her hoarseness having been great all day—and I was sent for, and though I treated her on the then approved plan, she died before morning. These are the only fatal cases with which I have had anything to do, until I commenced this paper.

Two days since I was called to a boy 11 years old, in his 9th day from the coming of the eruption; his difficulty of breathing was extreme; there was a dry bronchial respiration, but no vesicular murmur. He was pale and death-like in appearance, almost pulseless, and died in a few hours. The old Irish aunt who had charge of him was amazed that he had gotten worse, for, she said, "she had him sweating for nine days, as bad as anybody could sweat, and she could not see what come over him." His brother of 13 was already just breaking out with the eruption and was greatly frightened. I had him gotten from under a heavy load of bed-clothes, told him of the comfort and advantage he would receive from keeping himself in a cool part of the room and drinking cold water, and held before him the danger of the heating plan. He followed my advice and in a few days was quite well. He then told me of the great comfort produced by the cold drink. His mouth before had been so hot and dry and sore that he could hardly close it, while his whole system was in a state of feverish excitement, aggravated by the hot drinks and load of bed-clothes—free draught of cold water not only cooled his mouth and throat and stomach, but allayed the fever of the whole system.

From what I have seen of this disease, I incline to the belief that many of the so-called complications are ofttimes owing to the treatment. I am well satisfied that in measles, as in scarlet fever and in small-pox, cases may, by a judicious use of measures to allay febrile excitement in the early stage, be rendered very mild, which, under a heating, stimulating treatment, would be grave if not fatal ones. Let us look closely at this disease. What is it? There is a vague but ill-defined belief among non-medical people, and which is allowed a prominent place in the minds of many physicians, that the eruption is somewhere in the system (in the blood perhaps), and that it is important to get it on the surface—that if once there (the more of it the better), the case will do well, provided it can be kept there. To get it out and to keep it out are the cardinal points of treatment. From time immemorial it has been known that a hot stimulating treatment will produce a copious eruption. Often have I heard mothers triumphantly say: "I brought them out well; you could not put a pin's head between them." They were surprised, too, that despite the copious eruption a fearful bronchitis or pneumonia had occurred. Another question presents itself. Is the system at all relieved by this copious eruption? Authors say, no. Prof. WOOD, says: "Neither the catarrhal symptoms nor the temperature declines on the appearance of the eruption." So say FLINT, CONDIE and others. Why should the symptoms be modified by its appearance? It is only the steady march of the disease—only one evidence of its extension to parts before unaffected. The mucous membranes were invaded a day or two before the eruption appeared on the skin, where it would have been very moderate, perhaps, but for the heated rooms, and hot and stimulating drinks. But some one says: "How is it that sometimes they do not come out, and that in those cases there is great danger?" They have not come out because bronchitis or pneumonia or some other internal complication has already supervened.

The disease as exhibited to us is a disease of the skin and mucous membranes. The former we can see—the latter is manifested by the affection of the mouth, fauces, larynx, wind-pipe, eyes, nose, etc. These irritations develop fever, as do other extensive irritations, and just in proportion as we allay those irritations, just as we calm and quiet the nervous and vascular systems, will good effects be manifested in a diminished action of

the heart, in a lessened eruption and heat of the skin, and in general improvement of abnormal symptoms. And how can the disease be thus modified? By allowing the child, in the very inception of the disease, to drink freely of cold water, to have it in a place congenial to its feelings, and, if the eruption or heat of skin be excessive, by sponging it freely with tepid or cool water, and by giving, also small doses of neutral salts to move the bowels. By these means the skin and mucous membranes will be greatly relieved of their irritations and the disease be, not only moderated, but greatly shortened. But I have made no provisions in the above treatment for complications. There will be no complications in any ordinary epidemic of measles if we do not make them by our aggravating treatment—by that we can readily produce bronchitis, pneumonia or croup. "But," says some bereaved mother, "the case was going on finely, the eruption was out splendidly, I kept the child warmly covered in bed, so that no cold air could get to him, and yet the measles struck in and he died." And now the mother thinks that the eruption, the efflorescence on the skin, sank down through the skin on the lungs and in some mysterious way overwhelmed them. So, too, many physicians think, if we may judge them by their fear of the eruption being repelled by a cup of cold water or a breath of cool air. What is the truth in the case? That the irritation of the bronchial mucous membrane has become too intense, has become a real inflammation, involving, perhaps, deeper tissues, and now these diseased structures, like a counter-irritation, draw away from the skin the irritation, or lessen the activity of its circulation, on which depended the redness and heat of surface.

If we could relieve the bronchitis or pneumonia in an hour or two the efflorescence would return. Here we have had a complication produced by our own torturing treatment; by our hot drinks, our teas and our tiff and our punch, by our refusal to allow the child to quench its thirst, to cool its burning mouth, to throw off its heavy load of bed clothes and cool its limbs. What do authors say on this subject? Prof. WOOD says: "When measles prove fatal it is generally in consequence of inflammatory disorganization." Dr. FLINT says: "In the great majority of grave cases the gravity is dependent on complications in the respiratory organs; diphtheritic laryngitis, or true croup, is sometimes developed. It is to be considered that the complications do not occur in consequence of the eruption being delayed or insufficient, or striking in, but the latter are rather the consequence of the former." So it appears that neither the "not coming out," nor the "striking in" is the cause of the bronchitis, pneumonia, croup, etc., but that the latter causes the former. How important then in the treatment of measles to keep within due bounds the disease of the mucous membranes of the air passages. They are affected two or three days before the skin is attacked, and during those days we can do much by a cooling, calming treatment to moderate the disease of the mucous membrane, and prepare the system for a mild manifestation of the disease of the skin. It is because we regard the eruption of the measles as the disease that we bungle so much in treatment. A blind man who should depend on his touch to tell him that the skin needed cooling; on his ears to inform him of the degree of the cough and the condition of the lungs, and the suffering of the patient for drink, would not so err. He would attend to the voice and pleadings of nature, and not prescribe for a name.

Though the eruption may be well out, the cough and heat of the skin are not allayed until desquamation begins to take place; and what is the beginning of desquamation? The discord has reached its height, and desquamation is only convalescence.

It is a common opinion that measles require a certain time to reach their height and that no mode of treatment can shorten the time from this first appearance of the eruption to the end of desquamation. I do not think this is true. Take a mild case of measles and you will have the eruption but a day or two, and in a day or two more the patient is quite well. Take what threatens to be a severe case, and cool it off by plenty of cold drink, cool air in the room, a mild laxative, by sponging the heated body with tepid, or cool water, if need be, and you will make a mild case of it which will be well several days sooner than a similar one treated with hot, stimulating drinks. Such is my experience. On this subject Dr. FLINT says: "Measured by the temperature the duration of the disease varies considerably;

the decline of the fever occuring in some cases on the 4th day, in others not until the 8th or 10th day." MEIGS and PEPPER in their work, say: "The highest temperature in an ordinary case of measles is 103° Fahr.; if it pass that it indicates a severe attack, if it do not reach it a mild one. In some of the mildest cases the eruption has gone in a single night and these were no bad effects, while the sickness was shortened by two or three days." Authors say when the temperature rises to 106 or 107 the cases are very grave.

In view of those statements is it not apparent that we should endeavor to keep down the temperature? Keep it below 103°, for is it not from this heated condition of system that come the complications? If the thermometer in the axilla show a temperature of 106, (and I think some one says it has risen even to 109°) will it not be quite as high in the lungs, or in the nose, or mouth? and shall we supinely look on, and not attempt to allay this intense heat of skin and mucus membranes, saying, "It is only measles, and cold air and cold water are very dangerous, in this disease, they are well out and they will begin to decline in a day or two?"

Would we do so if such heat of skin, such burning of the mouth, such fierce thirst beset our patient in any other disease? Certainly not. But with this dread of *striking in* before our eyes, with the fearful traditions of the danger of taking cold drinks in our minds, we press to still deeper depths of suffering of our unfortunate patient. Let no one suppose that I exaggerate the case. Only two months since a friend of mine, in Philadelphia, lost a fine boy, of about eight years of age, of measles, treated in this way; and that too, while child and parents begged that the cooling treatment which they, while residing here, had seen me use in this disease might be used. But the doctor was afraid of cold water as a drink, and so the little fellow struggled on a few weeks to die of "something left after the measles."

I could mention many other cases, but will refer only to two; they will illustrate the common mode of treatment. About fifteen years ago I called to see a former patient of mine then living nine miles away. The moment the wife opened the door she exclaimed, "Oh! doctor, I have been wanting so much to see you; little Betty has been near dying with measles and the doctors would not allow her a drop of cold water, though I begged of them to give her some, and told them that I knew you gave it in measles when we lived in your neighborhood. She was for six weeks that I did not know whether she would live or die." On inquiring, I found that as soon as she began to be sick, the doctor, a very recent graduate, who lived near, was sent for, and at once ordered her to be kept in a warm room—a room heated to 82°. He brought a thermometer and showed the mother where the mercury should stand; also directed her to have warm teas, and to be carefully guarded against cold air, for fear the measles would not come out. Soon the child became worse, begged unceasingly for cold water, was hot, feverish, racked with cough, and so with water refused and hot teas forced upon her, she suffered on as only those suffer who having measles are thus treated. A second doctor was called—one who had practiced many years—a graduate, also, of one of our best medical colleges. He approved of the treatment, and so during six weeks without a single drop of cold drink she was plied with medicine, but finally recovered so as to get about, though "she has ever since been weakly from something left after the measles," the mother says. The physicians looked upon her escape from death as a triumph of skill. As the doctor was fresh from the college, and I was desirous to have him join our medical society, I called upon him and asked him to allow me to propose him for membership. He said he thought it, the society, might be a good thing on one account- namely, to regulate the fees. I replied, "There is a more important object, the attainment and diffusion of knowledge. If you had been at one of our late meetings and had heard me declare that in a practice of more than twenty years, I had never lost a single case of measles, and yet had allowed my patients, nay urged them to drink freely of, cold water in every stage of that disease, and sometimes sponged them with cool or tepid water to allay the great heat of skin, you would not have kept your little patient, over the way, suffering for weeks for want of a drink of cool water, to cool its parched and burning mouth and throat." He replied: "I would have been afraid to try it." Why afraid? "For fear the measles would strike in." And nothing I could urge could allay his fear of the cold drink. This man had just

come from one of our eminent medical colleges. The inference is, that the fear of delayed and repelled eruptions had been thus strongly impressed upon his mind. I have often heard persons who were of sufficient age when they had the measles to retain a remembrance of their sufferings, say that they had never in any other disease suffered so much.

They had used warm teas and it seemed as though the mouth and throat would burn up. I shall now give a case to show how great the relief, in those suffering cases, for copious draughts of cold water. I was called to a young hired girl who formerly lived further up in the county, where hot teas are used. On visiting her, found her very comfortable, as her mistress had given her plenty of cold water in accordance with my practice in her own family. She had sent for me, she said, only to save herself from blame, if anything adverse should happen the girl. She got well without medicine and almost without suffering. After dark the next day I was called to her sister, a strong, healthy girl living a mile away from her. I found her with a most copious eruption, skin intensely hot, eyes and nose and mouth in flame. She was lamenting greatly. "Oh! my mouth is burning up"—and when not talking would hold her mouth open as if to let the air cool it—I said—you have been drinking hot teas—yes, she said—what kind? sweet marjoram—what else?—she hesitated—but after a moment—sheep-dung tea. I hope your young readers will not be frightened at this. It was a common drink then in measles, in many parts of the country and not rare in the city. I at once ordered a pitcherful of cold water and told her to drink as much as she pleased, assuring her at the same time that her sister had been drinking it freely for two days and was doing well. She drank copiously—drank to repletion, and the the relief was immediate; The mouth and throat and stomach were cooled; the whole system felt the influence, and with plenty of the same to take whenever she wanted it she spent a comfortable night.

On visiting her next day I found her mother in the room. Nothing could exceed the surprise of that woman. She had never before known that a person could take a drink of cold water in measles without being killed by it. She had called on her other daughter on her way down, and had found her very comfortable, and now this one, who the day before had been considered dangerously ill, was apparently convalescing and yet drinking freely of the dreaded beverage. In their neighborhood, she said, no person had ever used a drop of cold water in measles, but "sheep-tea" was common drink in that disease until *they* came out. In conclusion, have we reason to believe that treatment can influence this disease for good or ill? I have already spoken of the mildness of the disease in the first child who gets it in a family, and which is owing to the cooling treatment to which it naturally submits itself. But now see the second child, which the mother has watched for several days, has kept in the house, has dosed with warm tea to bring out the eruption. The child is over-feverish and very uncomfortable, cannot rest at all and calls for water, refuses and fights against the teas. But the mother and the doctor say she must take them, must not take a drop of water, so it must take into its burnt and sore mouth the hot teas or nothing. Who can measure this suffering?

On a summer's day, even when we are quite well, if we have become thirsty, how impatient we become, how acutely we suffer if deprived for a few hours of a drink of cold water. What, then, the suffering of a child whose mouth, for many days, has been heated to 105° or 107° Fahr., and yet the doctor comes and says he is going on finely—the more eruption the better. To him the eruption is the disease. But now when he has the temperature of the skin to 109° or 106° let him also remember that he has raised the temperature of the bronchial mucous membrane to 105° or 106°, and the efflorescence or eruption there is as intense or profuse as on the skin, and is just ready to pass into bronchitis or pneumonia, the complication which he has so much dreaded, and which his treatment has produced. But could this have been avoided? Yes, in almost every case. Bear in mind that the efflorescence or eruption occurs on the mucous membrane of the mouth, trachea and bronchial tubes two days before its appearance on the skin, and you will see how important the *early* treatment is. Instead of heating the child's system when the disease is commencing, let it take its own course. It will drink freely of water, will

seek a cool place in which to sit or lie, will eat but little, and the eruption on the mucous membrane will be light, so light that the child makes but little complaint, and the eruption will be seen on the skin before the mother deemed the child poorly enough to need much attention. It will be quite light too, for the heat of the system had not risen to 103° perhaps. Now that they have come out thus mildly, let the system still be kept cool, the temperature of the skin and mouth and mucous membrane allayed by as much cold drinks as the system craves, and my word for it there will be no bronchitis, no pneumonia, no croup, no "disease left after the measles."

My object in the treatment of measles is to have a mild efflorescence on the mucous membrane and a light eruption on the skin. The measures which keep down the temperature below 103°(I quote the standard of authors), will effect both objects. I ought to add, that during the last week I was called to three cases which had been under the hot, sweating, stimulating treatment, one of which was complicated into croup, a second with bronchitis and a third with a diarrhea with bloody discharges.

I may also say that though I have not spoken of the use of ice, I used it freely in the mouth with all patients old enough to take it.

I have explored only a very small part, but during forty-four years I have examined that part so thoroughly, have traversed it so often, am so well acquainted with its intricate paths, know so well every stump and rock and secret haunt behind which disease can hide itself and from whence death can shoot his arrows, that I feel like pointing them out to those just entering on a theater of action from which I must soon retire.

A CASE OF STRICTURE OF THE ŒSOPHAGUS.

By G. E. Alexander, M. D.,

Of Burnt Cabins, Pa.

HISTORY OF THE CASE.

I first visited the patient, an old man æt. 76 years, on the 6th of January, 1872. Found him much depleted in every way, and suffering much pain in the region of the heart, also in the epigastrium, together with pain and dullness in right hypochondriac region. He had no appetite; his appearance was haggard and he was wasting much in flesh.

For the heart I gave minimum doses of the following:

℞. Tinct. verat. vir.
Syr. scillæ, aa. f℥j. M.

For the stomach:

℞. Pepsin,
Cretæ prep., aa. gr. v.

And for the liver I gave pills of the following:

℞. Ma s. pil. hydrarg.,
Ext. taraxaci,
Pulv. podophyl, aa gr. ij. M.

Sig.—One morning and evening.

I did not see the patient for some ten days, when I found the heart to be normal in its action; the pain in the right hypochondriac to be much lessened; but the pain and symptoms at the epigastric region to be worse. I then made a closer examination in that part and found it to have a feeling of hardness to my touch and much tenderness. I was now not certain as to the trouble; but judging from the description he gave me and the examination by the touch, it was caused by a tumor of the stomach with derangement of the pancreas. I commenced treatment accordingly; dropping the treatment for the heart and giving the ¼ gr. sulphate of morphia to keep down the excruciating pain. My efforts to effect a cure of the trouble in the epigastrium were all in vain.

By noticing deglutition, I now began to suspect stricture of the œsophagus. The food appeared to pass about to the cardiac opening of the stomach, where it seemed to stop until the œsophagus would fill to the mouth; then the patient would throw it all up.

Shortly after I had begun to harbor this idea my neighbor and friend, Dr. W. M. Rhea, of Shade Gap, Huntingdon co., Pa., was called in. During consultation we took the patient out and placed him upon a table and gave him a thorough examination, and had no hesitancy in pronouncing a stricture of the œsophagus, together with a probable tumor of the stomach. We were satisfied nothing more could be done than to allay the pain and urge the patient to prepare for death, which we said was near at hand, and having prepared a number of morphia powders, we left him.

I did not see him again till after death, when I was permitted to hold a *post-mortem* examination. This was about three weeks

after consultation with Dr. RHEA. I was informed that in the meantime he suffered much pain, except when he was under the effect of morphia, and that he gradually wasted away until the fifth of April, when he expired.

At 4 P. M. on the 6th Drs. W. M. RHEA, D. A. HILL, of Fort Littleton, and R. McG. ALEXANDER, of Fannettsburg, being in attendance we proceeded to a *post-mortem* examination. Upon laying open the body we found the fasciae to be about the color of the yolk of an egg. Proceeding further we found the peritoneal sack filled with a milk-colored fluid and giving a most offensive odor.

APPEARANCE OF THE HEART.

We found on removing the heart the lining membrane had a fibrous covering, and the valves were much thickened with deposits of fibrin. In the ascending portion of the aortic arch there was an abnormal growth, fibrinous in appearance, two and a half inches long, and three-eighths of an inch in diameter at the base, being conical in shape. This abnormal growth was attached to the lining membrane quite firmly, and around it were large thick clots of fibrinous blood

THE ŒSOPHAGUS.

Proceeding next to the œsophagus, we found it to be somewhat inflamed, with its coats some thickened at the lower end, and about 1¼ inches from its juncture with the stomach we found the stricture, a cartilaginous ring, having the appearance as if ossification was about to take place.

THE STOMACH.

At about the juncture of the œsophagus with the stomach, immediately under the left lobe of the liver, there was a hole ulcerated through the stomach about the size of a silver half dollar, its border being of a light greenish color, and giving the appearance, as we judged, of a scirrhus, or cancroidal nature. The walls of the stomach were much thickened, being one inch or more in thickness down to the pyloric opening, where they began again to appear normal. This thickening was, I think, in the mucous membrane of the stomach.

THE LIVER.

The right lobe of the liver had a healthy amber color. The left lobe was dark in appearance, filled with congested blood, and curved on the surface with a fetid pus, so that it was easy to gather large flakes of it by passing the blade of my bistoury over it. On the surface next to the stomach, and immediately opposite the ulcer there was a large abcess about 1¼ inch longitudinally, 1¼ transversely and 1 inch deep, filled with fetid matter. The bile ducts were all stopped with coagulated matter.

OMENTUM AND PANCREAS.

These, together with the spleen and superior mesentery, it is almost needless to say, were in a condition of decay.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of PROF. D. HAYES AGNEW, M. D.

[REPORTED BY DR F. WILLARD, M. D.]

Fissure of the Anus.

The man whom I bring before you this morning is suffering from fissure of the anus, a disease which is more acutely painful in comparison to its apparent insignificance than almost any other surgical malady. It consists but in a linear ulcer extending simply through the mucous membrane, and oftentimes not reaching higher than the internal sphincter, yet, as I have said, its prominent characteristic is exceedingly acute pain. In its exaggerated and extended condition, it is known as "painful ulcer of the rectum" the two diseases being but differences in degree, not in kind. In either case there is a lesion of the mucous surface, but in the latter, the ulcer is larger and deeper—being sometimes from three to six lines in its diameters. Its exceeding sensitiveness may be attributed to the spasmodic action of the sphincter in addition to the pain which is always found in fissures at the outlets of the body. In some cases it is so small as to be concealed from view by a small hemorrhoid or rectal polypus, and patients are often treated for years without a diagnosis being made.

Its cause is usually either a slight abrasion occurring perhaps during parturition, or from an injury of some kind which breach of surface is prevented from healing by the spasmodic action of the sphincter, or from uncleanliness. The spasm of the muscle is often so great as almost to preclude the introduction of a finger without the administration of an anæsthetic, the muscle being, in fact, actually hypertriphed, thus differing from hemorrhoids in which it is relaxed. As I have said, the pain accompaning this disease is exruciating, and is almost diagnostic in itself.

It differs from that of hemorroids in this important particular, that in the latter the pain is most intense at the time of defaetion, and is accompanied by more straining and

hemorrhage, while in fissure, although quite annoying at the time of passage, yet does not approximate to that which comes on about half an hour later, and which gradually and steadily increases for them four or five hours, until it becomes almost unbearable, being likened by some to introduction of a hot iron into the anus. After this length of time, however, it subsides, to be repeated at the next stool, until the patient, dreading the suffering incident upon such an operation, defers it from day to day, until an acquired state of constipation is produced, which only tends to increase the difficulty. During the intermediate times the pelvic pain and distress are not as great as in internal hemorrhoids, although it is by no means inconsiderable. The feces are often streaked with blood, sometimes accompanied by a mucopurulent discharge. In hemorrhoids, also, there is often a feeling of fullness in the rectum.

When any doubt exists the diagnosis may be easily settled by an ocular examination. The parts being well forced down, the commencement of the ulcer will be found among some of the rugæ which abound at the verge of the anus; but it must be remembered that it is sometimes so diminutive in size that it might easily escape a careless observer.

The parts can usually be everted with the fingers, but when the fissure is small and situated far up, you may use a large fenestrated speculum, in order to distend the parts, or what is better, the ordinary "base or parallel expansion" vaginal speculum. It may seem large to you at first, but it is an excellent instrument, and when expanded gives you a most perfect view of two of the sides, after which it can be turned to expose the remaining two. The ordinary bivalve anal speculum is entirely too small to put the parts upon the stretch and obliterate the folds.

The distension of the larger instrument is rather serviceable than otherwise; in fact, an operation quite frequently practiced for the cure of this disease consists in the forcible dilatation or rupture of the fibers of the sphincter by the thumb.

At the commencement of this disease it is usually customary to employ astringent and anodyne lotions, bougies, suppositories, etc., but these seldom succeed in effecting a cure, for the reason that the sphincter tears the edges asunder as often as they attempt to unite, even though the solid nitrate of silver be employed. An operation then becomes necessary in almost every case, and is so simple that no patient should be allowed to suffer on for months.

The operation for its relief is an easy and speedy one. It consists in etherizing the patient and then making an incision one to two lines in depth longitudinally through the entire bottom of the ulcer, thus cutting all the subjacent fibers, and then making a complete division of the superficial sphincter muscle. This is done by entering a knife at the outer margin of the muscle, when, carrying it along a little distance beneath the skin (for these fibers are but shallow, as you know,) it is brought out just within the verge of the anus. The edge is now turned outward and the muscle and skin divided at one cut, thus putting the part perfectly at rest. Should any fibers escape the knife they may be stretched to the extent of paralization.

The patient being now put to bed, an anodyne suppository is inserted, a full hypodermic of morphia administered, and opium given in sufficient quantities to relieve pain and prevent any action of the bowels for the next five days. They should then be gently opened with castor oil and a bland enema, and kept thus in a soluble condition for a week subsequently. The patient will be able to walk about in ten days, often, in fact, resuming work in less than two weeks.

In the majority of cases the relief is astonishingly immediate and complete, patients who had before been exhausted with torturing pain, expressing themselves as perfectly comfortable. Connected with this disease are sometimes, also, associated various reflex phenomena, which are exceedingly vague and obscure. For instance, I have seen men who have been troubled with an annoying cough for years, and who were considered to be the victim of some pathological change in the lung, cured so completely by an operation that they have not coughed after its performance. Patients have even been brought to this city for confinement in an insane hospital, and yet they have returned home in ten days simply by the division of their external sphincter muscles. Frequently, also, there are various dyspeptic symptoms, pains in the sides, loins and hips, etc., all of which will continue so long as the cause exists.

[Operation performed. A piece of oiled lint was inserted in the wound, no other dressing being necessary. The patient made a rapid recovery.—DEF. W.]

Hemorrhoids.

The next case is a man who is suffering also with some disease of the lower bowel, and complains of the following symptoms: Itching about the anus; severe pain upon defecation, lasting about half an hour and accompanied by profuse hemorrhage; a constant discharge of thin mucus from the bowel, excoriating the surrounding tissues, together with great pelvic pain and distress, radiating to the loins, hips, thighs, bladder and other organs.

His symptoms are those of hemorrhoids; and as I expose the parts you see several dark masses appearing around the margin of the anus, which are sufficiently characteristic to decide the matter most positively.

Hemorrhoids or piles are of two kinds, external and internal, the former consisting essentially of a pouch of skin filled with blood,

a clot, or its remains, together withresulting inflammatory deposit in the subjacent connective tissue; the latter, of a fold of mucous membrane within the sphincter, containing a set of dilated hemorrhoidal vessels, arteries, veins, and capillaries, a sort of aneurism by anastomosis. Piles are called "blind" when they are unattended by hemorrhage; "open or bleeding," when the opposite condition exists. The hemorrhoidal plexus of veins being unprovided with valves, are easily distensible, and are thus rendered liable to become dilated by any cause which interferes with return circulation, cirrhosis, pregnancy, abdominal or pelvic tumors, and excesive straining, or which favors pelvic congestion as a sedentary life, long-standing, constipation, etc., etc

This hemorrhoidal plexus of veins receives branches both from the inferior messentery and internal iliac, communication being thus established between the portal and general venous systems, and permitting another escape when the portal vein is pressed upon. Were this provision not secured, dilatation of these veins would be much more common, since they have no support upon their mucous aspect.

I have given you the above definition of an external hemorrhoid, since none other will sufficientlyexpress the various conditions which are entitled to such denomination. The consistency of an external pile will vary with the length of time that has elapsed since the rupture of the bloodvessel took place, *i. e.*, if we were to lay it open at first we should find simply a clot of blood; but in time this clot changes its character, and after a few weeks organization takes place, and finally condenseation and induration to such extent that at last we find simply a cyst filled with fibrous tissue

When internal piles exist the symptoms are more severe, especially as the tumors are apt to be forced down by defecatory efforts, when, being caught by the sphincter, great pain is occasioned and sometimes even strangulation and sloughing ensue. Simple prolapse of the rectum may be distinguished from piles by its more even, less nodulated appearance and by the absence of hemorrhage. In hemorrhoids this bleeding is sometimes so great as to seriously interfere with the general health. When the tumors are small they may be protruded by causing the patient to strain for a few moments over a chamber filled with hot water.

External piles rarely bleed, in fact in their indolent state they are little more than folds of marginal integument, giving inconvenience principally at defecation and immediately afterward. When irritated, however, from any cause, they assume an entirely different character, becoming red or purple, swollen, exceedingly painful, with intense burning, itching and tenesmus, which inflamed condition passes on either to suppuration or more commonly to induration, so as to form a larger and larger tumor after each of these "attacks of the piles," as they are called.

Internal hemorrhoids are attended with more pelvic distress, more tenesmus and a constant feeling, as though a foreign body was situated inside the rectum. The diagnosis from fissure I have already given you, and you should never make a mistake after a careful examination.

In the treatment of external hemorrhoids, in their simple condition, we have but to recommend frequent ablutions, mild astringent washes and attention to regularity of the bowels. This latter may be obtained by a draught of cold, or salt, or mineral water in the morning, or by any gentle laxative, as the compound rhubarb pill. Locally, sulphate of zinc or acetate of lead may be used in the strength of two to four grains to the f.℥j. of water, or the compound ointment of galls may be applied to the part. When they become inflamed the suffering is very great and deepr sing, so that active measures are necessary. Leeches may be applied, followed by poultices medicated with laudanum, or ordinary lead-water and laudanum.

When very swollen and painful, the relief obtained by a few punctures ismost astonishing and instantaneous. There is no danger from hemorrhage even in laying the tumors freely open.

After a number of these acute attacks they are liable to become so thickened and enlarged that great discomfort is experienced, in which case an operation is required. External piles I either cut off with a pair ot scissors or ligate, in the latter operation always adopting the procedure of circumscribing the base of the tumor by an incision through the skin, thus making a path for the ligature and saving much time and suffering in the strangulation of dense dermal tissue.

Internal piles are more serious, and in their treatment great care should be observed in regulation of the diet, bowels, occupation and habit. Hemorrhage may be controlled when severe by the injection of Monsel's solution—the liq. ferri subsulph., diluted with two or three parts of water; solution of tannin or or alum in the strength of ten or twenty grains, or the compound gall ointment or suppositories of various astringents and anodynes may be used.

When painful or irritated, cold lead-water and laudanum gives great relief, as does also an injection of two or three ounces of lime water. When the tumors protrude at each evacuation the patient should be careful not to expel the contents of his rectum too rapidly, but should take a free injection and then "wire-draw" his faces, so that they may escape only in narrow ribbons.

When the piles, however, become very large and painful, or when they protrude to a great extent from the anus, or when the hemorrhage debilitates the patient, then an operation should be performed.

The excision of internal hemorrhoids is attended with too much danger of hemorrhage, and I always use the ligature in preference, and it is the means which I shall employ in the case of the man before us, as his tumors are nearly all of the internal variety.

The ecrazeur is often used, but there is some risk of subsequent hemorrhage. An operation quite frequently practiced abroad consists in strangulating the mass with a clamp, cutting it away, and then cauterizing the pedicle with nitric acid or the hot iron. Excellent results may be obtained from this method

In operating with the ligature I always direct the patient to take a dose of castor oil on the former evening, and to wash out the bowel by a full anema of hot water just before my arrival, so that the tumors may be well forced down, and the rectum emptied. This has been done with the man before us, and as he is now etherized I evert the bowel, and seizing one of the masses with a tenaculum, make an incision along its integumental aspect, and passing a needle, armed with a double ligature, through its base, cut off the needle and tie each half of the tumor separately in the groove of the incision. When the tumor is small a single ligature may be used, and can be accurately guided into the incision by passing a couple of pins through the base, which pins can be withdrawn after the mass is strangulated.

There are three tumors in this man's case, and we shall serve them all in the same manner. The practice of making an incision into the mass or cutting it off after the ligature is applied is only productive of risk from hemorrhage, since the ligature may be loosened by the constant drain, while, moreover, the tension of the distended and constricted mass is just what is needed to secure its speedy death.

The tumors being now all secured I return these within the sphincter and introduce a suppository containing two grains of ext. opii. Should the pain be severe, a hypodermic of half grain of morphia may be administered in an hour, to be followed by sufficient doses of opium during the next few days to keep the pain in subjection and prevent any action of the bowels.

There may be temporary paralysis of the bladder in females which will require the use of the catheter for a few days. The bowels should be opened on the fifth day by the administration of teaspoonful doses of castor oil until a gentle action is secured. This may be assisted by an injection, after which the bowels should be moved every second day. The ligatures will separate in from three to six days, leaving a raw surface, which will heal kindly. Should the ulceration prove tedious, however, weak, stimulant washes of cupri sulph., gr.ij. to the ounce, or a bougie smeared with tannici acid ointment may be inserted every day. Great cleanliness should be observed for a long time.

[The patient did well and was able to walk about in ten days.—DE F. W.]

JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Prof. S. D. Gross.

REPORTED BY MR. FRANK WOODBERRY.

Staphyloma of the Cornea from External Injury.

CASE.—Mr. D., æt. 24 years, residing in Georgia, came to the clinic for an operation that would relieve him from a painful and troublesome deformity of the left eye caused by an accidental blow from a piece of wood, about eleven months before. There was a conical staphyloma of the cornea, which projected between the lids and prevented their coming together, thus allowing the exposed surface to become dry and opaque, in this way impairing and finally destroying vision. In addition to this, from want of apposition of the lids, constant irritation was maintained by particles of dust, which, by keeping up the inflammation, endangered the sight of the other eye from sympathetic iritis.

The immediate cause of staphyloma exists in an attenuation of the cornea, which, being unable to resist the pressure of the aqueous humor, is forced before it and projects from the anterior chamber. Its growth is always slow and is sometimes unaccompanied by inflammation. In this variety the disease is idiopathic and generally affects both eyes. It is probably due to a hyper-nutrition of the cornea, for which there is no relief. In the incipiency of the ordinary traumatic inflammatory form, an antiphlogistic course may be tried with benefit. But if the disease is developed, excision of the projecting part is the proper treatment.

[The operation was then performed. The lids were held apart and a tenaculum inserted into the tumor, which was carefully sliced off with a bistoury. In doing this, only a sufficient tissue was removed to allow the lids to come together, for if a larger amount were taken away the globe might shrink so much as to interfere with the use of an artificial eye.]

April 6th.—The removal of the staphyloma was followed by such severe inflammation as to require extirpation of the globe a day or so after the operation in order to preserve the remaining eye. This was again followed by inflammation, causing tumefaction of the cornea chemosis, and everting the lower lid (ectropion). As the palpetral conjuntiva was odematous, Prof. GROSS made three or four incisions, the entire length, on the same principle that a felon is opened, to relieve tension and give vent to the fluid. The eye was directed to be touched with a ten-grain solution of nitrate of silver the following morning. A laxative diaphoretic draught (senna manges. sulphas and foniculi semen) was ordered.

℞. Pulv. ipecacuanha composit, gr v.
Morphiæ sulphat., grs. ½ M
To be taken at bed-time.

April 20th.—The inflammation had entirely disappeared. The ectropion of the lower lid, however, still remained. To relieve this Prof. GROSS removed the illiptical piece of the relaxed palpetral conjunctiva with the scissors, and united the edges of the wound with a suture. The surface to be lightly touched every three or four days with solid nitrate of silver.

April 24th.—The suture has been removed and the wound has nearly healed. There is no inflammation, swelling or pain in the part. His appetite is good, he sleeps well, and in a few days may return to his home entirely relieved.

Gangrene of Foot from a Bunion.

This man, æt. 56 years, showed a tumefied foot from which the great toe had sloughed away, leaving its phalanges and metatarsal bone protruding from an ulcerated surface. This extended over the dorsum from the soles to the instep, and from the last metatarsal bone to the plantar surface of the internal aspect of the foot. The bottom of the ulcer was foul with granulations, and several patches of gray cacoplastic lymph, and discharged a sanious, offensive secretion.

This trouble commenced some years previous to his appearance at the clinic (April 10), from a bunion over the metatarso-phalangeal joint, cause by the chafing and pressure of a shoe. This finally became the seat of inflammation; mortification followed, producing sphacelous with necrosis of the phalanges and metatarsal bone, which are dead and project from the surface denuded of their periosteum.

Prof. GROSS said that amputation by Chopart's operation would perhaps be the proper treatment here, and may eventually be necessary, but conservative surgery requires us to take away no more tissue than is absolutely necessary, and the more of the foot we can save the more useful it will be to the patient. [After administering chloroform two incisions were made, commencing at an acute angle about the middle of the dorsal surface of the metatarsal bone, and carried forward and united on the under surface. Then the soft parts were retracted and the bone divided with the bone forceps. It was found to be about an inch in thickness and abnormally cancellated, softened and vascular from the effects of the inflammation.] The sesamoid bones should always be removed with part of the flexor tendon, as they interfere with future usefulness and repair. The great toe should never be amputated at the metatarso-phalangeal articulation, as the large head of the metatarsal bone would make an awkward and inconvenient prominence, seriously interfering with the boot or shoe.

[A slippery elm poultice was directed to be applied after the operation, and the foot to be kept in an elevated position. The diet was carefully regulated.

April 20th.—The ulcer is clean, covered with healthy granulations, and is progressing fairly toward a cure, although it may require months to accomplish it. The patient has a good appetite, sleeps well, and says his foot is not troublesome. He appears pale.

℞. Tinct. Ferri. chlorid., gtt. xxv.
Thrice daily.

This case is still under treatment, and will probably afford an opportunity for skin-grafting.]

A Case of Adentulous Neuralgia.

Geo. L., æt. 78 years, came to the clinic complaining of an agonizing pain in the body of the lower jaw, and limited to the left side of the face. He had suffered from it almost constantly for the preceding fifteen years. When he lay down at night the pain sometimes disappeared, but attacked him again, early in the morning. It existed on the other side of the mouth for about ten years, then shifted to its present position. The pain was paroxysmal, without twitchings of the muscles. While describing it he suffered so as to be scarcely able to speak. He had all his teeth extracted years ago. Was otherwise healthy and had no neuralgia in any other part of the body.

This affection was brought to the notice of the profession as a new form of neuralgia, by PROF. GROSS, some years ago. In a report which he then published, he collated and described a large number of cases both clinical and private, together with his deductions as regarded the pathology of the disease. He found that adentulous subjects were liable to a form of neuralgia caused by bony matter or fibrous deposit encroaching upon the nerve fibres in the alveolar process. After extraction of the teeth the gum changes in shape and character. The alveoli are absorbed and the gum becomes so hard as to be serviceable in masticating food. The nervous filaments may be compressed by this indurated condition or by the periosteum in the dental canal, so that the nerve fluid is interrupted and pain produced. The pathology of pain is that the action of the nerve is interfered with at the seat of the lesion. Pain in the stomach is sometimes caused by a cramp of the muscular fibers which, by contracting upon and compressing the nerve filaments, interferes with their action. The nerve current cannot be transmitted in the usual way, and explodes at the part, producing the neuralgia.

This form of neuralgia, caused by imprisonment of nervous tissue, existed in the patient. The only way in which the affection could be cured was by trephining the body of the bone near the angle, exposing and removing half an inch of the inferior dental nerve. This operation has been performed in many cases, and always afforded relief. It will be used in the present case when he returns for operation. In the meantime

℞. Morphiæ sulphat, grs. ½.
Sig.—Every night.

Epulis.

This patient was a boy seven years of age, who had an epulis removed from his lower jaw about six months before. At the time of the operation, which was performed by PROF. GROSS at this clinic, the bone was denuded of gum at the seat of the disease, and carefully scraped. A perfect cure has resulted. He now exhibits a similar growth on the opposite side of the mouth, from the gum of the upper jaw at the site of the second molar tooth; which was drawn two weeks before on account of the pain. The tumor is rather firm in consistence of a higher color than the surrounding gum, and is very tender and vascular, bleeding to the touch.

This variety of tumor (epulis) is probably of a sarcomatous nature, in some cases malignant, rapidly assuming the characteristics of epithelial cancer; in others benign, not returning after careful extirpation. The epulis does not originate in the gum, but in a socket of a tooth, generally one of the molars, from which it grows, causing the tooth to loosen and fall out. It need not attain a great size in order to seriously interfere with mastication and speech. If left alone it finally ulcerates; has a constant discharge; the neighboring lymphatics become involved, and the system becomes contaminated, and finally succumbs. It is useless merely to pare away this tumor from the gum, as it would inevitably return. The disease is seated in the osseous structure, and the only way to relieve it is to remove the affected part of the bone, either by scraping as in caries, or by sawing out a piece of the jaw. This treatment has been found in many cases to be the only one that gave the desired result.

After administering the anæsthetic, the tumor and gum, at the affected part, were removed with a chisel. The bone was exposed and well scraped. The disease appeared to be circumscribed. The permanent tooth was seen at the bottom of the alveolus. To check the bleeding, which was considerable, Monsel's solution was used; and a piece of raw cotton wet with it, pressed into and allowed to remain, for some time, in the wound. Prof. GROSS considers this solution of the subsulphate of iron to be the best haemostatic. But it must be used with care in operations on the mouth or tonsils, as it forms large coagula, which might be drawn into the larynx and suffocate the patient. This accident happened to no less a man than BILROTH, whose patient, at his clinic, drew into his larynx a large clot of blood. The surgeon immediately performed tracheotomy, but the patient nevertheless died.

——The Legislature of Kentucky has passed a bill making opium eaters and devotees of arsenic, hasheesh, etc., liable to inquest, guardianship and incarceration in lunatic asylums.

MEDICAL SOCIETIES.

PEORIA CO. (ILLS.) MEDICAL SOCIETY.

The Peoria County Medical Society met at Brimfield, Ills., on Wednesday April 3d, 1872. The President, F. A. WARNER, M. D. in the chair.

The minutes of last regular meeting read and approved.

Dr. H. W. MARSH having made application for membership, objections were made to his admission from the fact of his having issued a card, calling the attention of the public to his proficiency in the science of medicine, and offering to furnish reference as to his skill in the cure and alleviation of disease; also offering to show his "*Diploma*" to any and all who would avail themselves of an opportunity to call on him; also stating that he did not belong to any school of medicine nor confine himself to any theory, but that the physician who would become a successful practitioner should be eclectic in the broadest sense of the term, etc. All this was considered to be a direct violation of section III Art. 1, "Code of Ethics" entitled "Duties of Physicians to each other and the Profession at large."

The doctor in his explanatory remarks said that he did not wish to violate the code, neither did he think he was doing a wrong when he issued his *card*, but that he was willing to withdraw the same and be governed by the same rules as were the other members of the Society if admitted. His remarks were accepted as the outpouring of a contrite heart, and upon a vote being taken he was elected.

Dr. A. B. WILL, of Kickapoo, having passed the board of censors was elected a member of the Society.

Foreign Body in the Eye.

Dr. LAMBERT, of Galesburg, reported a case of injury to the eye that came under his care, where a hedge thorn had penetrated the cornea and iris, broken off and remained in the wound, one end in the cornea, the other sticking through the iris.

The doctor gave the Society a detailed statement of his operation for the removal of the vulnerating body, and subsequent treatment. He said that he tried to grasp the external end of the thorn, but was unable to do so from the fact that it was broken off close to the cornea. He then made an incision through the cornea the same as for *iridectomy*, then inserted a pair of forceps, seized the thorn and endeavored to push it outward through the original wound; failing in this he pushed it inward so as to detach the corneal end; then extracted it through the incision. That part of the iris which the thorn had passed was dragged through the incision before it could be detached from the thorn, and at the suggestion of the doctor's brother was snap-

ped off. The eye collapsed from the escape of the aqueous humor, but shortly after became filled with blood. A compress and bandage was applied. Some five or six hours thereafter the doctor examined the eye and was surprised to find that nearly all of the blood had been absorbed. Saw the patient next morning and found that all of the blood had disappeared; eye clear; no signs of *iritis*; sight unimpaired.

Scarlet Fever.

H. Steele, M. D., "Committee on Practical Medicine," read an able and interesting paper on "Scarlet Fever." The doctor did not enter into a lengthy discussion of the cause and pathology of the disease, but confined himself more particularly to the treatment. The doctor's treatment in eighty-two cases, with but one death, consisted in the combination of hydro chloric acid, chlorate potassia, muriated tincture of iron, in the acute stage. Ice to the throat in the anginose type. Advocates the use of the cold bath and wet sheet; deprecates the use of mercury in any form, also veratrum viride, antimony and aconite, and all of a like nature. He believes that the hydrochloric acid is antiseptic and eliminative in its effects. Complications of disease to be treated according to circumstances. Discontinues the use of the acid, potassa and iron during the stage of desquamation; treats this by warm baths and diaphoretics, nothing of a diuretic nature to be given during this stage, especially of a stimulating character. Insists that the kidneys be allowed to rest. Recommends in the dangerous complications depending upon serous effusion, albuminuria and retention of morbid matters in the blood, elaterium carefully and cautiously administered. If tonics are required subsequently, gives tincture of iron, syrup iodide of iron and cod-liver oil, if tolerated by the stomach; does not believe in the prophylactic effect of belladonna.

The treatment adopted by Dr. Steele recommends itself from this fact alone, that during the epidemic of scarlet fever that prevailed in Elmwood and vicinity during the winter of 1869 and 1870, he treated eighty-two cases with but one death.

The committee on obstetrics read a paper on the use of the forceps in cases of labor. The committee took the position that the instrument was not used often enough in cases of tedious labor, and that obstetricians are in the habit of waiting too long before resorting to them, thereby endangering the life of both mother and child.

The following named gentleman were appointed delegates to the State Medical Society: H. Steele, M. D., Elmwood; G. L. Corcoran, M. D., Brimfield; L. S. Lambert, M. D., Galesburg; J. W. Hensley, M. D., Yates City; J. K. Secord, M. D., Elmwood.

Adjourned to meet at Yates City, Ill., the first Monday in July next.

F. F. Warner, M. D., President.
J. K. Secord, M. D., Secretary.

Editorial Department.

Periscope.

Risks of Certain External Applications.

Edward B. Gray, M. D., Physician to the Radcliffe Infirmary, Oxford, writes to the *Practitioner:*

Practice has perils for the physician as well as the surgeon. Probably the commonest of these are mishaps with certain medicines and medical appliances which one has practically no means of foreseeing. The following cases show that the exercise of (what I believe was) average care in the use of a certain class of remedies may yet be attended with very unexpected and mischievous consequences.

A healthy-looking young woman was recently under my care in the Radcliffe Infirmary for insufficient menstruation, with some degree of general weakness and troublesome intercostal neuralgia. She had never suffered from any skin eruption. As a local application in such cases I usually employ the emplast. belladonnæ; but in this instance, for no particular reason, I ordered the emplast. cal faciens. The plaster, about 6 by 4 inches, somewhat relieved the pain, causing only moderate smarting and itching of the skin, till the eighth day, when so much soreness was complained of that the plaster was discontinued. The skin beneath was red and infiltrated, but not blistered nor exuding. On the tenth day this erythematous condition of the skin had spread about an inch and a half in every direction beyond the limits of the plaster. In addition to this, the face and neck were covered with an abundant dull red rash, much like that of measles at its height; and both eyes were nearly closed from effusion into the lids. Numerous little isolated erythematous patches skirted the margins of both seats of eruption (on face and on side), so that, although no actual continuity existed between the two, their anatomical identity and mutual relation were beyond doubt.

Meanwhile—since the fifth day after the plaster was put on—she had had severe daily frontal headache, to which was now added rather sharp febrile disturbance with

diarrhea. In three or four more days the inflammation of the skin at both places had subsided, but troublesome headache remained for another fortnight. Throughout there was never any complaint or sign of irritation of the kidneys or bladder.

In 1868 a young woman was under my care in the Radcliffe Infirmary, in delicate health, and with suspicion of incipient phthisis. Some medium crepitation which had been heard for two or three weeks at the base of one lung, after clearing up, left behind it a chronic pain in the side, for the relief of which on her leaving the Infirmary, I ordered an emplast. calefaciens, 5 by 3 inches. She had no eruption about her at the time, nor, as I afterward learned, had she ever had any. At the end of a week she called to say that "the plaster had smarted a good deal, but she thought it was doing good to the side." Under these circumstances I did not examine the skin and left the plaster on. Three days later (Dec. 1), she complained so much of its smarting that I was sent for to see her, and found, to my dismay, that it had completely blistered all the part it covered, and further, that it had caused considerable inflammation of the skin beyond its own limits. After removing it I dressed the raw surface with lint spread with spermaceti ointment, hoping this would soon allay the irritation. She was kept in bed, and as the sore suppurated very freely, a liberal diet was given with moderate allowance of stimulants. On Dec. 5 the sore discharged profuse greenish offensive pus, and for rather more than twenty-four hours she had rather alarming symptoms of prostration, viz., great chilliness, pallor of surface, with livid lips and nails, and small thready pulse. Next day, slight reaction and a dusky erythematous rash, with much itching and burning over face, neck, arms and upper thorax. Dec. 7: High fever; the eruption spreading and rapidly becoming eczematous; numerous large vesicular pustules around the primary skin-lesion at the side. Dec. 10: The whole upper half of trunk covered with acute eczema, the exudation from which was for some days the most profuse I remember to have seen. At the end of about three weeks the skin had got quite clear, except the usual amount of desquamation which follows an acute eczema, and a tendency to postulation here and there about the outskirts of the blister. Throughout the attack there was never any symptom of kidney or bladder irritation, nor any fresh kindling of lung mischief.

Ovariotomy without Anæsthesia.

Dr. W. H. NEWMAN, of Louisville, Ky., President of the Obstetrical Society of that city, writes to the *Gynæcological Journal of Boston*:

"I have come lately to doubt the propriety of administering chloroform, or indeed any other anæsthetic, to prevent pain in the operation of ovariotomy. I do not desire, unjustly, to detract from the credit due New England and Edinburgh; but may it not be true that the limit to the benefits arising from the discovery of anæsthesia and chloroform, will stay its employment in cases of ovariotomy. That there is less danger attending the employment of chloroform in obstetrical than in surgical practice, is a fact that is generally conceded. The Gynæcological Society is already committed to this fact; and if this is admitted, may we not advance a step and inquire whether the greatest amount of danger is not to be apprehended from its use in the operation of ovariotomy.

"I am not just now able to refer to the meetings, but I well remember that the Obstetrical Society of London, and afterward the Gynæcological Society of Boston, had under consideration the subject of the use of chloroform in ovariotomy. My impression is that the London Society were engaged in discussing the best means of preventing the nausea and vomiting caused by chloroform, and that the Boston Society had under consideration the best means of reliving or curing this sickness. I remember the suggestion of Dr. Bixby, I think it was, to fan the patient.

"I do not know if any one has had the boldness, since the introduction of anæsthesia, to perform ovariotomy without rendering or attempting to render the patient insensible; but I am now disposed to ask why the patient should be subjected to this nausea and vomiting, caused by chloroform, and I should especially be glad to hear from you on this subject at your earliest convenience, as I propose in a few days to operate for the removal of a dropsical ovary *without* an anæsthetic.

"The operation cannot be a very painful one. It is a horrible one to look upon, but the patient need not see it.

"If there is much pain it must be in the first incision—the incision through the skin of the abdomen—and this may be prevented by a local anæsthetic.

"You are no doubt acquainted with the history of the cases operated on by Dr Ephraim McDowell, the "father" of ovariotomy, and you were no doubt surprised to learn that his first nine or ten cases, all operated on without an anæsthetic, were all but one or two successful, and that of the fatal cases, the only one reported died, not of shock, but of peritonitis. It is so stated by Dr. S. D. Gross, in his carefully prepared Report to the Kentucky State Medical Society, in 1852. It is true, as it appears from this report, that only five of the cases, viz., the first five, were reported by Dr. McDowell himself, and that there may be some mistake about his remaining cases. But Dr. Gross, in the report above referred to, expresses his entire belief in the statement made, and I think no one can read the report of Dr. Gross, without believing that Dr. McDowell was as successful

as is claimed. Four of the first cases published by Dr. McDowell, to wit, the first four, were completely successful *without chloroform*, the other dying of peritonitis. This, even, is a success not now equalled by the best ovariotomists *with chloroform*.

"But there is another part connected with the history of these cases of Dr. McDowell's, which is important, and it is that his patients recovered in an astonishingly short space of time. Dr. McDowell says of his first case (a case in which the sac alone weighed seven pounds and the fluid fifteen pounds more), 'In five days I visited her and much to my astonishment found her making her bed. I gave her particular caution for the future, and in twenty-five days she returned home in good health.' Of his third case it was said by Dr. Gross: 'The woman was well in two weeks, though the ligature did not come away under five weeks.' Think of a woman 'making up her bed' in five days after ovariotomy. I have seen patients sick and vomiting from chloroform for nearly as long a period. A large number of the patients that die at the present day, I think I may say the majority, die within the first thirty-six or forty-eight hour after the operation. Not one of Dr. McDowell's patients died within this period. None died of shock."

Reviews and Book Notices.

BOOK NOTICES.

History of Medicine from the Earliest Ages to the commencement of the nineteenth century, by ROBLEY DUNGLISON, M D., L.L.D. etc., arranged and edited by Richard J. Dunglison, M. D. Philadelphia, Lindsay & Blakiston, 1872, 1 vol. 8vo. cloth pages 287. Price $3.00.

Some months ago we announced that this work was in preparation, and in common, doubtless with many others, we have looked for its appearance with interest. It is, as the editor informs us in his preface, an embodiment of the course of lectures delivered by the late eminent author at the University of Virginia, during the period, now many years ago, when he was Professor there and THOMAS JEFFERSON was Rector, we suppose about 1825. Composed at that period, of course we cannot expect to find either the results of the many fruitful investigations into medical history, which have appeared during the last half century, nor a retrospect of earlier theories from the point of view of modern science. The blind evolutions of our greatest discoveries could not at that time be appreciated or estimated.

Indeed, the work does not form a history of medical science, but rather a history of the *theories of medicine*—a very different subject—such being the evident object of the writer, and it is from this aspect only that it should be judged. It is a pity that he confined himself to such narrow limits, for of the various branches of history of medicines that is unquestionably the most barren. The modern mind is apt to be repelled by the empty dreams of the ancient philosophers, these "mixtures of the reveries of theosophy with medicine" as our author calls them.

The great preponderance assigned to the theories of antiquity, often, it seems to us, at the expense of modern investigations, will be remarked. For instance, six pages are devoted to the views of Empedocles of Agrigentum; while the eminent Vesalius, to whom even HALLAM, in his *Literature of the Middle Ages*, feels compelled to spare two pages, is disposed of in less than three lines. Two hundred and twelve pages are occupied in bringing the history down to the School of Salernum (*circa* 1200). The whole of the remaining time, to the commencement of the nineteenth century, is condensed into seventy pages. Most readers would have been better satisfied if these proportions had been reversed.

We need not point out the altered views now held by leading medical historians on PARACELSUS, VAN HELMONT, and the Arabian schools, as the researches upon which these views are based had not been made when these lectures were delivered. All will recognize the extensive reading, the facile style and the lucid arrangement of his data, for which Prof. DUNGLISON was so distinguished. The volume is in short one to be read, admired and prized; but we would be wanting in that candor which we owe our readers, were we to give our unreserved assent to the editor's expressed belief that it "will supply the want long felt by the profession, of a condensed history of the progress of medicine." A history of medical *science*, not of medical *theories*, can alone supply this want. Those, however, who wish a volume explaining these theories clearly and ably, will find this one meet their wants.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 11, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

FURLOUGH.

For more than twenty years the undersigned has toiled in season and out of season to supply what he conceived to be a part of the literary wants of the medical profession of this country. To meet these supposed wants, he has established—1. THE MEDICAL AND SURGICAL REPORTER (weekly), 2. THE HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE, 3. THE PHYSICIAN'S DAILY POCKET RECORD, and 4. THE PHYSICIAN'S ANNUAL. These works have all been well received, but a naturally strong constitution has partially given way to the labor and responsibility involved in establishing them, and the time has come to ask a furlough of a few months for rest and recuperation.

For more than a year past, the undersigned has tried to continue his labors, but has never entirely recovered from a severe attack of illness which he had early in 1871, and which returned during the past winter, keeping him from his work a large part of the time. The consequence has been considerable derangement of business, and great neglect of the correspondence of the office. Scores of letters have awaited replies till reply was useless. This has been very unpleasant, but was unavoidable.

It would be pleasant to be able to go abroad to the health resorts of the old world, to dip in the waters of the Jordan, or lave in the baths of the newly recovered famous Esculapium at Pergamos, or breathe the mountain air of Switzerland, and the balmy air of southern France or Italy, or visit the springs of Germany, and other European places of note. But there are healing fountains and "high places" in our own country, which, with rest, and above all the blessing of Providence, will, there is every reason to believe, accomplish in a few months all that is necessary for an entire restoration to health and vigor.

In the meantime the editorial and business affairs of the office and the interests of subscribers will be left in tried and trusty hands. Their labors and responsibilities will be greatly lightened however, if the large number who have allowed bills to accumulate against them will at once discharge their obligations in full. Those who have neglected their duties to the office during the past months of illness and loss of time, have little idea of the aggregate amount of their indebtedness!

In conclusion, the continued co-operation, good-will and material support of all friends of an independent, untrammelled, practical medical press is confidently looked for.

S. W. BUTLER.

BUCULINE VACCINATION.

This is the fashionable phrase—we are not ashamed to say we have very recently discovered it—for vaccination "from the cow." Some energetic innovators insist that this is the only method which ought to be pursued. Before we discuss it, let us explain it. It does *not* mean the use of virus which has been obtained from vaccinating a cow with matter from the human subject, but the use of that which is obtained either from a case of spontaneous cow-pox, or which has been got by successive inoculations of cow-pox virus from

heifer to heifer. The transmission must furthermore be recent.

Those who believe in this as the only plan of vaccination say that humanized vaccine degenerates, and contracts specific taints. Dr. GUSTAVE LAROIX, who is a most ardent advocate of this doctrine, in a circular before us makes the following assertion:

"A very eminent physician of Philadelphia reports that in an orphan asylum under his personal observation, out of eighty children between the ages of two and five years, thirty cases were attacked with small-pox, and twenty proved fatal, although all the eighty had been previously vaccinated with humanized vaccine, and bore the marks of its successful inoculation. Should we continue to incur the risk of such failures by retaining the use of humanized vaccine? To renew and restore the vaccine of the present day is the object we should have in view, and to do this we must resort to the new method known as animal vaccination."

We feel called upon to say that we know of no such instance, and we ask him the name of the physician and the institution referred to. There must be some inaccuracy in the statement.

A strong point is made that no danger from syphilis is incurred.

"It precludes the risk of transmitting syphilis with vaccine. In a thesis on the subject (of which I have prepared an English translation,) I have demonstrated that, in the present state of science, it is totally impossible to give any accurate description by which to recognize in the human vaccine, on the eighth and ninth days (the usual days for collecting and transmitting the virus by ordinary vaccination), whether or not it partakes of a syphilitic character. Physicians should take the lymph from the arm before the eighth day, and exercise the necessary care in the performance. For after and even on the eighth day the liability to mistake the true character of the eruption entails a grave responsibility."

In point of fact it has been clearly demonstrated that the danger of syphilis in vaccination is so exceedingly remote that it is practically null. Few physicians, even those of the longest experience, have ever witnessed a single case. We presume that it is not more common than syphilis transmitted by the use of utensils. Hence it is unfair, more than unfair, it is reprehensible to start ideas of this kind in the public mind.

Let those who will use kine-pox, and those who choose advertise and sell it; but let no misrepresentations or exaggerated criticisms of humanized virus be called in by these speculators and seekers after novelties. Medical men have enough to do to persuade the public to be vaccinated and re-vaccinated in the ordinary manner; and if these gentlemen go to work to preach and lecture that half the successful vaccinations practiced with humanized virus are worthless, and that many of them lead to an exposure to an attack of syphilis, they have a most grave charge to answer for. For ourselves, we consider such action little short of criminal, and none the less so because it is done in order to secure the sale of a certain quantity of kine virus at highly remunerative rates.

LOCAL VARIATIONS OF DISEASE.

Among the puzzles in medical science—and there are plenty of them—one of the most interesting and practically useful is the variations of disease in the same locality. Instances of this are numerous and doubtless familiar to every one, but they are not easily accounted for. In early ages, Rome on her seven hills was a salubrious place, producing men mighty of muscle and a long-lived race, who went forth conquering and to conquer until all the known world was brought a suppliant to her imperial feet. But now a feeble progeny inhabits her site, and the pestilent air of the Campagna poisons the blood of her citizens and visitors.

A century ago Naples and the Madeira Islands were noted as health resorts, and cases of consumption were nigh unknown among the natives. Very different is it now, for foreign visitors and born residents alike succumb.

to the fatal disease. The latter say it was imported by the outland invalids, but this is a common and easy way to solve a problem which does not really admit any such facile reply.

On the other hand, we can point to many localities in the Mississippi Valley, where practitioners thirty years ago had to combat violent forms of remittent fever and congestive chills, where now such complaints never occur. The same fact characterized the colonial history of the Eastern States. We recollect that a person who had given some attention to antiquarian studies of the kind informed us once that a comparison of the oldest burial memorials of Salem, New Jersey, and other early settlements along the Delaware river, indicates a much greater fatality from miasmatic fevers than now prevails. Some allowance in this class of diseases is to be made for improved treatment—we may say a large allowance—but it does not explain the change in full.

In fact the "morbid constitution" depends upon a great many factors, and we are far from understanding and appreciating them all as yet. There are some which we hardly more than suspect. Telluric causes we can at least guess at; social ones we can often put our finger upon; but who can say exactly what influences may be exerted by cosmical changes, beyond the reach of chemistry or physics? The idea of some that the progress of the solar system may at times bring us within the maleficent exhalations of bodies foreign to our system, or that certain porions of the earth may suffer from "a pestilent congregation of vapors" of non-telluric origin, is not wholly ridiculous. An attentive study of the changes of the prevalent diseases in definite localities is the first step toward a settlement of such questions.

☞ Will "Warren," who has an advertisement in the REPORTER, please communicate with this office. His address is lost, and we have several communications for him.

Notes and Comments.

A Case of Malpractice.

An inquest was held at the Morgue, in this city, April 25th, in the case of Maggie Murray, who died from the effects of malpractice on the part of Dr. Robert Hitchcock, of No. 1102 Spring Garden street. The jury, after deliberating but a short time, rendered the following verdict: "That death was caused by violence—malpractice—at the hands of Dr. Robert Hitchcock, on Monday afternoon, April 22, 1872, death ensuing on Wednesday, April 24, 1872." The defendant was committed to prison.

Death of Dr. Zina Pitcher, of Detroit.

It is with regret that we learn of the death of this eminent member of the profession, who died at his house in Detroit, on the 5th of April, at the advanced age of 75. Dr. PITCHER was a man who stood high in his profession, and whose loss will be felt by his associates. The following resolutions were adopted by the profession in Detroit.

Resolved, That we have heard with profound grief of the death of that great and good man, our distinguished fellow-citizen and late associate, companion, friend and counselor, Dr. ZINA PITCHER.

Resolved, That the medical profession, of which he was a member, a pillar and an ornament, have thus sustained an irreparable loss.

Resolved, That this city and the State of Michigan, have been deprived of one of their oldest, truest and best public servants.

Resolved, That in token of our love for the man, our high appreciation of his personal probity and the great good to society at large which his life has fulfilled, we will attend his funeral in a body as mourners.

Just Sentences.

The Lehigh County (Pa.,) Medical Society has expelled Dr. H S. CLEMENS, he having been found guilty of advertising to cure radically all diseases by means of a secret remedy, publishing cases, etc. His method was the inhalation of a gas or vapor. We have read one of his circulars, and nothing more is wanting to prove the justice of his expulsion. In fact, such empirics as he, who put forth unfounded claims of this kind, expose themselves to a criminal indictment for obtaining money under false pretenses. We are indebted to Dr. P. L. REICHARD, recording secretary of the above society, for a copy of the proceedings in the case.

Dr. BARNES, of St. Joseph, Mo., was recently expelled from the Medical Society of that city for similar practices, and in a St. Joseph paper, a present member of that society has advertisements which ought to

rule him out of the profession, and prevent any honorable physician from consulting with him.

The Toner Lectures.

The trustees of "The Toner Lectures" met on Thursday evening the 18th ult., and formally accepted the trust and assumed the management of the fund conveyed by Dr. TONER for the purpose of procuring and defraying the expenses of two or more annual memoirs or lectures on medical subjects "containing new facts fully established by experiment or observation," to which reference has heretofore been made in the REPORTER. To give effect to the trust, the trustees organized themselves into a board, of which they elected Prof. Joseph Henry president, and Dr. J. M. Toner secretary and treasurer, and adopted rules and regulations for its government. The trustees are, therefore, now ready to receive communications or letters relative to the production of memoirs, under the auspices of this trust, from physicians and scientists engaged in original investigations, the dissemination of which is calculated to advance medical science.

The Health Board of Cincinnati.

Some of the papers of Cincinnati accuse the Board of Health of that city of an undue desire to dispense drugs, and to get them from the stores of two of its members who deals in the articles. It is bad enough to have to take medicine because one is sick; but to take it for the benefit of another man's pocket is hard indeed, and a strait that we hope even paupers are not driven to.

The Cholera.

The energetic endeavors of the Sultan of Turkey have very greatly limited the spread of the cholera by the annual Mahomedan pilgrimage. So far the latest advises are reassuring, and if equal care is continued the pestilence will be checked at least in its southeastern path to Europe.

WORDS OF ENCOURAGEMENT.

Dr. R. F., Miss., writes: "I am more than pleased with your journals—REPORTER, HALF YEARLY COMPENDIUM and POCKET RECORD, and think them far in advance of any other journals, particularly for the country practitioner."

QUERIES AND REPLIES.

Dr. E L. D., Texas—The best Lithotrite costs $35.—Sir Henry Thompson's.

Dr. J. H. F., Wy. Ter.—The N. Y. *Medical Gazette* suspended publication nearly a year ago. It has recently been announced that it would soon be revived.

OBITUARY.

EX-GOV. GEO. F. FORT, M. D.

EX-GOV. GEO. F. FORT, M. D., of New-Jersey, died at his residence, New-Egypt, April 22d. He was born in Burlington county, in that State, in 1809, and practiced medicine in Burlington and Monmouth counties for a long time.

In 1844 DR. FORT was elected a member of the Constitutional Convention. In the same year he was elected to the House of Assembly, and in 1845 he was elected State Senator for three years. While a member of the House and Senate he served on the Judiciary Committee, and was honored for sagacity, prudence, judgment and discrimination. In September, 1859, he was nominated for Governor by one of the most enthusiastic conventions ever held in Trenton, and in November was elected. At the expiration of his term of office, he retired, leaving behind a record honorable to himself. He was subsequently appointed a Judge of the Court of Errors and Appeals, which office he held for the full term. Since retiring from this position he has held no public office.

DR. FORT never entirely abandoned the duties of his profession. He was respected and beloved as a physician.

MARRIAGES.

HICKOCK—DEAN. (Underwood)—In Wells River, Vermont, April 10th, by Rev. William S. Palmer, Dr. Horace D. Hickock and Mrs. Ellen M. Dean, daughter of the Hon. Abel Underwood, both of Wells River.

JANSEN—STEIN.—On the 2d of May, by the Rev. J. M. Orowell, Dr. Wm. A. Jansen and Miss Emma E. Stein, both of Philadelphia.

MANDEVILLE—DOWLER.—April, 2, at the residence of the bride's mother, Dr. Wm. R. Mandeville and Alice, daughter of the late Dr. M. M. Dowler—all of New Orleans.

BIGGS—BATES.—At Malone, N. Y., April 17th, by Rev. C. H. A. Buckley, Rev. Herman C. Riggs, of Rutherford Park, N. J., and Miss Agnes E. Bates, daughter of S. P. Bates, M. D., of Malone, N. Y.

WEISSE—SUYDAM.—In New York, April, 30, at Calvary Church, by Rev. Henry Y. Satterlee, assisted by Rev. Dr. E. A. Washburn, Fanculi Duakin Weisse, M. D., and Mary Elizabeth, daughter of Henry Suydam, Esq., all of that city.

DEATHS.

ALBERS.—In New Orleans, April 11th, 1872, after a short illness. Dr. F. B. Albers, aged 48 years.

BARKER.—At Morristown, N. J., April 20, George F., only child of Dr. P. C. and Anna E. Barker, aged 5 years and 9 months.

BETTERLY.—Suddenly at Wilkesbarre, Pa., April 7th, Alexander Rea, son of Dr. E. L. and Matilda Betterly aged, 9 months and 3 weeks.

COUDEN.—At Louisville, Ky., April 22d, Geo. W., only child of Dr. W. C. and Emma Couden, aged 4 months.

FORT.—At New Egypt, N. J., April 22d in his 63d year, Dr. George F. Fort, Ex-Governor of New Jersey.

HARLAN.—On the morning of the 3d inst., At Burlington, N. J., Margaret H. Harlan, wife of the late Dr. Richard Harlan, aged 71 years.

LOUNSBERRY.—At Bedford, Westchester county, New York, April 26, S. Stephen Lounsberry, M. D., aged 34 years.

PUGH.—Of consumption, April 14th, 1872, Mrs. Rebecca E., wife of Dr. J. W. Pugh, in the 38th year of her age.

ROGERS.—At his residence, No. 1919, East Front street, Cincinnati, of pneumonia, Dr. L. M. Rogers, in the 58th year of his age.

SCHILLING.—In New York, April 25, E. Schilling, M. D., aged 62 years and 4 months.

SHACKELFORD.—In Thomaston, Maine, April 29th, Dr. A. T. Shackelford.

TAYLOR.—In Hoboken, N. J., April 20th, Dr. John C. Taylor.

WILBUR.—In Brooklyn, April 30th, Arthur P., only son of Dr. J. G. and Martha E. Wilbur, aged 14 years and 8 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 794.] PHILADELPHIA, MAY 18, 1872. [Vol. XXVI.—No. 20.

ORIGINAL DEPARTMENT.

Communications.

CASE OF PROFUSE AND PERSISTENT UTERINE HEMORRHAGE TREATED SUCCESSFULLY BY LOCAL APPLICATION TO THE CERVIX.

By J. K. Miller, M. D.,

Of Berlin, Pa.

My object in reporting the following for your valuable journal, is not with the view of claiming anything new or remarkable, either in pathology or therapeutics, but simply to point out the vital importance of thoroughly investigating the uterine organs, in all cases of obstinate menorrhagia, by all the means which this age of scientific research has placed in our hands, before forming definite diagnostic conclusions. This thorough and systematic examination becomes the more palpable, if we remember the various circumstances and conditions which frequently occasion the form of disease under consideration. I need not now stop to detail the various manipulations necessary to a critical examination of the uterus and its surrounding structures, but give you the facts in the case, which in my humble judgment most conclusively prove that diseases affecting the uterus—which prove obstinate to ordinary remedies—exist in fact, and not only in the morbid imaginations of a certain class of physicians, as some old fogies, who ridicule their better informed brethren and ignore the most vital facts in the science of gynæcology, would be pleased to have it.

In May, 1870, I was called to see Mrs. O., æt. 39 years; mother of ten children, the youngest three years old. The following facts relating to the history of the case I elicited from the husband. Three months prior to my visit, Mrs. O. was suddenly, and without any premonitory symptoms, taken with profuse flooding, while on her return from a visit to a neighbor's house. By perseverance and the assistance of her companion, she finally reached her home, completely exhausted. The physician who was immediately summoned pronounced the case one of abortion, and took it under his professional care. In what his treatment consisted I was unable to ascertain. His prognosis, however, was to the effect that a few days in bed, with the medicine he was prescribing, would rectify matters. This favorable termination of the case was predicted with much assurance, and without as much even as a digital examination of the organ implicated. The result was a signal failure, and his early and final discharge from the family. She now began to pass out of the hands of one physician into those of another, without deriving any permanent benefit whatever, frequently not even obtaining temporary relief.

The whole list of remedies usually denominated hæmostatics was exhausted, and so was the patient. In the intermenstrual period the flow had somewhat diminished; while at the regular menstrual epoch, or upon the least exertion, as much as turning in the bed, the loss always became alarmingly profuse. Upon further investigation I ascertained that none of her former attendants had made any examination of the uterus, not as much even as suggested the propriety or necessity of such a proceeding; their treatment consisting exclusively of constitutional remedies, so called. After I had elicited this fact, I felt encouraged in the hope of relieving this good woman, by going to the fountain of her troubles, which in my judgment could only be accomplished by

a thorough digital and instrumental examination of all the uterine organs. Before detailing the result of such examination, I will give a few of the most prominent general symptoms, sufficient, I think, to direct the attention of the most superficial observer to the proper organ. Her general appearance indicated the existence of grave and long-continued disease. She was emaciated, anæmic and hysterical.

She complained of indigestion, nausea and anorexia; of obstinate constipation of the bowels, and whenever cathartics were administered, pain of a sickening character always attended their evacuation. Headache of the most aggravated character, depriving her of rest both by day and by night, was a constant and extremely annoying symptom.

Pain in the lumbo-sacral region, radiating from thence into the ovarian, or shooting along the great sciatic into the extremities, and a peculiar expulsive pain within the pelvis. But on this point her own language is most conclusive: She said: "I have been in labor pain these thirteen weeks, yet nothing passes but blood." Nothing could have been more important in a diagnostic point of view than this characteristic sensation, so well expressed by the patient. Prominent and characteristic as the foregoing symptoms were, especially the pain, the most obvious was the loss of blood. This had become so profuse the day before my visit as to force a tampon out of the vagina, which I suppose, however, was very inefficiently introduced, as it was done by a member of the family. After examining the case carefully, and analyzing all the symptoms, I concluded that some inflammatory disease of the uterus, unrecognized and unmolested by her former attendants, was at the root of her troubles. I informed the patient and her friends accordingly, and proceeded to explain the importance of instituting an examination of the uterus, in order to verify my diagnosis by ocular demonstration. To this procedure the patient readily consented.

Upon a digital examination I found the uterus prolapsed, the body enlarged and exquisitely tender to the touch; the cervix hypertrophied; the os open sufficient to admit the index finger to the second phalanx. The intervaginal portion of the cervix was soft and spongy to the touch. On introducing the speculum I brought the focus of disease into full view, in a deep and angry looking ulcer of both lips, extending into the open cervical canal as far as the eye could reach, from which was flowing blood in a continued stream. I effected thorough cleanliness of the parts by copious injections of cold water, and then cauterized the entire ulcerated surface with the solid nitrate of silver. For the sake of maintaining cleanliness, as well as for the antiphlogistic and astringent properties of cold, I ordered the cold water injections to be repeated twice a day.

A pill composed of the following:

℞. Pil. hydrarg., gr.v.
Podyphyllin, gr.i-8. M.

was given every third night, followed in the morning by a seidlitz powder, and in the course of the day, if necessary, by a warm water enema.

Good refreshing sleep was procured by the following combination:

℞. Potass. bromid., ℥ss.
Morph. sulph., gr.j.
Aqua cinnam., ℥iv. M.
Sig.—Tablespoonful in a wineglassful of water on retiring.

As a tonic I prescribed the pill so highly recommended by Prof. BIDDLE:

℞. Quiniæ sulphatis, gr.ij.
Ferri sulphatis, gr.j.
Strychniæ, gr.i-60. M.
For one pill ter die.

One week after the above treatment had been instituted, the hemorrhage was almost entirely arrested, and the general condition of the patient very much improved. A solution of the caustic, ℈ij. to the ℥j. of water, was substituted and applied with a camel-hair pencil. The general treatment was continued with but slight variation through the whole course.

At the first regular menstrual epoch, after the above treatment had been commenced, the flow was rather profuse, yet it passed off in the course of a week without one untoward symptom.

Under the influence of the above treatment she continued to progress favorably toward a permanent cure. As the ulcerated surface cicatrized, the local pains and other prominent symptoms rapidly subsided. The uterus, which was prolapsed, enlarged and painful, resumed its normal relation in the pelvis, under the antiphlogistic treatment of the cervix. Within six weeks, an extremely short period, taking into consideration the extent of the disease and the debilitated and exhausted condition of the patient, I had the extreme

pleasure of seeing my patient restored to health, and with it happiness.

The favorable termination of this case, as well as others of a similar nature which I might report, most conclusively prove to my mind the utter folly of endeavoring to cure diseases dependent upon a local cause, by general remedies alone.

Hospital Reports.

PHILADELPHIA ORTHOPŒDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES.

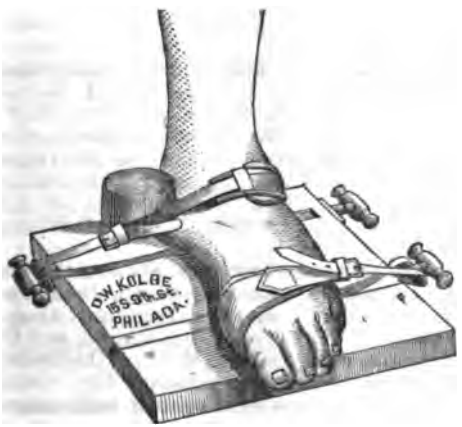
1701 *Summer St., Philadelphia.*

Service of Drs. Morton and Goodman.

[REPORTED BY DAVID DAVIDSON, M. D., RESIDENT SURGEON.]

Double Talipes Equino-Varus.

Case I.—Mary Mahon, æt. 12, from West Chester, Pa., was admitted into the hospital with double club-foot of the equino-varus variety. No family history of any deformity could be traced. The child presented the symptom of deformity when two years old; the deformity has gradually increased. The tarsus was much arched and rigid. The plantar facia was found to be contracted, while the tendo-Achilles was, with the least flexion of the foot, extremely rigid and unyielding.



January 18, 1872, child was etherized, and a free division of the plantar facia and tendo-Achilles was affected in each foot. The tendo-Achilles being divided about three quarters of an inch above its insertion, the feet were then placed in the stretcher (See Fig. I), and by this means the tarsus was brought into a normal shape. The ordinary club-foot apparatus (see Fig. 2) was then applied.

May 4. Patient returned to hospital, and the feet were found to be perfect. To continue wearing the braces.

Spasmodic Talipes Valgus, the Result of Rheumatism, Cured by Division of Peroni and Extensor Longus Digitorum Tendons.

Case II.—J. M. D., æt. 16, applied at the hospital August 11, 1871. Marked deformity of the valyus of left foot, and constant pain along the course of the peroni and extensor longus digitorum muscles, much aggravated by extension.

Had suffered from rheumatism for three winters in left knee and shoulder. General appearance healthy. Stated that the deformity had been increasing since the first attack of rheumatism. Foot could not be brought to its normal position on account of the contraction of perone and extensor longus digitorum tendons. Any attempt at extension caused unbearable pain.

August 22, 1871. Under the influence of ether as an anæsthetic, all symptoms of contraction of the tendons disappeared and the advisability of operation was thought to be doubtful. On partially recovering from the effects of the ether, the contraction returned, which decided the operation. Dr. Goodman divided first, the peroni tendons about an inch above the external maleolus, and then the extensor longus digitorum and peroneius tertius over the tibio-tarsal articulation. The operation was rendered difficult by the flacidity of the tendons, which was partially overcome by forced inversion and extension of the foot by an assistant. All pain was relieved by the operation. Patient was able to walk on the third day; remained in the hospital two weeks, after which returned weekly to Dr. Goodman's clinics in order to have his foot manipulated. The apparatus used was Kolbe's walking-shoe for valgus, only differing from Fig. 2 by having support for plantar arch. The patient appeared at clinic April 2, 1872. Never

has had pain since the operation; movement of foot perfect; with the exception of slight flatness of foot and prominence os cuphoid bone can be considered a perfect cure; still wears apparatus.

Congenital Hare-lip.

CASE III.—April 1, 1872, Sallie H., colored, æt. 45, presented herself with a marked congenital deformity of the lip. The fissure extending far up into the nose on the right side, the fissure of the lower border being an inch and a quarter in width.

After etherization, the edges were freely freshened, and an angular portion excised from each extremity of the lip. Four pins were introduced, accurately approximating the raw surface. On the fifth day the pins were removed, and union was found to be complete. The surface touched with twenty-grain solution of nit. silver.

Discharge cured. No trace of deformity is remaining.

Sciatica, Resulting from Lodgment of Minnie Ball in Left Buttock over Sciatic Nerve —Extraction and Recovery.

CASE IV.—S. F. W., æt. 28, 82d Pa. Vols., was wounded at the battle of Cold Harbor, June 3d, 1864.

While lying on the ground, was struck by a ball in the left side of the spine, over the region of the kidney. The ball passed over to the right side, then traveled downward and lodged in the left buttock. The wound of entrance closed up in six weeks—has had pain since then in his back and hip, shooting down the limb as far as the foot—much increased at times. Has had great pain latterly in the rectum and bladder, with tenesmus and protrusion of the gut; symptoms of irritability of the bladder simulating stone, and general prostration of the nervous system in consequence.

On examination, the ball could readily be felt very deeply imbedded in the buttock, and lying immediately over the sciatic nerve as it emerges from the pelvis.

April 26, 1872. After etherization, Dr. MORTON, cut down upon it, and at a depth of four inches found the ball tightly imbedded and lying immediately on the nerve itself; with great difficulty it was removed from its lodgment; the wound was then drawn together by three silver sutures.

April 29th. Silver sutures removed; very slight suppuration in the wound; no swelling; relief from pain and convalescent.

May 6th. Able to walk about; no pain.

The New University Hospital.

The city has been asked to give a lot of ground in West Philadelphia to the University of Pennsylvania for the erection of a hospital thereon in connection with that institution. The time-honored edifice on South Ninth street has given to Philadelphia and to the nation some of the most brilliant ornaments of the medical profession, and doubtless the University will continue to do so in its new location, and its supporters think that if it had a hospital of its own it would be enabled to do this all the more certainly. The proposal is, that the new hospital shall be erected on a part of the almshouse property, in the immediate neighborhood of the new University building, at Darby road and Thirty-sixth street, where it will be convenient to the students and where there is room for the erection of the proper buildings.

A Nuisance.

A CORRESPONDENT of the New York *Evening Post* writes to that journal complaining of a heap of filth and manure, two hundred feet long by sixteen feet wide and twenty feet high, which has been allowed to accumulate near one of the markets. The nuisance has been in existence for years, and although the attention of the Board of Health has been directed to it, nothing has been done. The writer ends by saying, "All the Board understands with distinctness and pro ptitude is how to draw the salaries of the members for service not rendered."

MEDICAL SOCIETIES.

MINUTES OF THE TWENTY-THIRD ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, HELD IN THE CITY OF PHILADELPHIA, MAY 7, 8, 9, and 10, 1872.

The Association assembled at Horticultural Hall, on Tuesday, May 7, at 11 A. M., and was called to order by the president, DAVID W. YANDELL, M. D., of Kentucky; assisted by vice presidents Thomas M. Logan, M. D., of California; Charles L. Ives, M. D., of Connecticut; R. F. Michel, M. D., of Alabama, and J. K. Bartlett, M. D., of Wisconsin.

The Permanent Secretary, W. B. Atkinson, M. D., the Assistant Secretary, D Murray Cheston, M. D., and the Treasurer, Casper Wister, M. D., all of Pennsylvania, and the Librarian, F. A. Ashford, M. D., of the District of Columbia, were also present.

The proceedings were opened with prayer by the Right Rev. Wm. Bacon Stevens, M. D., D. D., L.L D., Bishop of the Protestant Episcopal Church in Pennsylvania.

Prof. Robert E. Rogers, M. D., of Pennsylvania, on behalf of the profession of Philadelphia, welcomed the delegates in the following remarks:

Gentlemen Delegates to the American Medical Association:

It is with unfeigned pleasure that, as chairman of the Committee of Reception, and on behalf of the medical profession of Philadelphia, I extend to you a sincere and cordial welcome.

Gathered to-day in this hall are representatives of our profession from every quarter of this vast country, reaching from the city of the "Golden Gate" to the Capes of the Chesapeake, from the granite hills of Maine to the waters of the Gulf of Mexico, covering a domain of twenty-four parallels of latitude and fifty degrees of longitude, and embracing a population of whose health its members are the guardians, numbering not less than thirty-eight millions of men, women and children.

With these boundaries, this area possesses features of climate, a meteorology and a geology more diversified and extensive than those of any other single country on the face of the earth. What may we not hope of benefit to science and humanity by observations made upon these in their connection with disease and hygiene by so many intelligent laborers in the field.

Meeting here on this Twenty-fifth Anniversary of the organization of the American Medical Association, there are brought together men of every type, of high tone, loyal to their profession, strong men and true; men of sparkling genius, of varied and solid attainments, those who have grown gray in their vocation, laden with the golden harvest of a life's long experience, and those blessed with youth, energy and ambition, engaged in laborious research, all ready to lay their individual contributions upon the altar of our profession.

In view of the reflections which here arise, what a spectacle of "moral grandeur" in possible achievements in the cause of suffering humanity does this assemblage present.

More than any other department of human knowledge does medicine appropriate the laws of the other positive sciences as parts of its organic whole, modifying and assimilating them, finding in them sustenance and warmth and life. It is indeed the highest application of the truths of the other departments of knowledge directed to the beneficent end of preserving health and assuaging physical pain. It may perhaps be not unaptly compared to some *vast sea*, receiving the contributions from a thousand perennial streams flowing from distant and widely separated regions, and then dispersing the commingled waters on the wings of the ever-moving winds, to spread their vivifying, renovating showers over the wide circuit of the globe.

Since the organization of our Association, as by curious coincidence, a new era has been inaugurated; marvelous progress has been made in the developments of science, bearing upon human comfort and the mitigation of disease. Thus the electric telegraph, the vast extension of the iron track, the introduction of anæsthesia and the device of various instruments of precision for the exploration and cure of the maladies of our race. These grand opportunities and great advances have been within the reach of all; therefore, as a natural result, our numbers have continued to increase, and the value of our transactions greatly to improve, thus securing an unabated prosperity to our organization.

Whatever qualifications may be made as to the amount of positive knowledge contributed through such annually recurring gatherings as these, it cannot be denied that they exercise personally a most wholesome elevating influence upon the members of the profession. They serve to strengthen old friendships and form new ones, to dissipate prejudices, to sustain self-respect and cultivate a spirit of charity and humility; and, through the interchange of opinions and the abrasion of thought to brush away the cobwebs from the dirty corners of our brains—to sharpen the battle-ax which has grown rusty with disuse, and to lift us out of the monotonous groove of life in which we have been wont to move, leaving pleasant and cheering memories, which, like the Arctic twilight, lingers in the sky to meet the coming dawn of the next returning day.

The present is the third occasion of our meeting in the city of Philadelphia—the earliest medical center of our country, which has long since become the vigorous and lusty sire of many a stalwart son. And here let us congratulate ourselves and the world at large upon the vindication of those principles which have ever guided her medical affairs. As the genuine coin is liable to counterfeit, so have unscrupulous men aimed to speculate upon her fair name by spurious imitations. Thanks to a wise legislation, the atmosphere has been purified, and the parties engaged in the *fraudulent* issue of diplomas have been deprived of their charters and their institutions abolished.

The first meetings of this Association were marked by harmony and good will throughout; so may it be now, and may the blessing of the "Author of peace and lover of concord" rest upon us and guide our deliberations.

Once more then, my friends, offering you our warmest greetings and a hearty welcome to our hospitalities, I give place to your further proceedings:

Dr. EDWARD HARTSHORNE, of Pennsylvania, chairman of the Committee of Arrangements, then said:

Mr. President and Gentlemen:

As chairman of the Committee of Arrangements, I beg leave, in behalf of that committee, to add our cordial salutation to the eloquent greeting which we have just heard with so much pleasure from the chairman of the Committee of Reception. We are very glad to have reached this stage of the work of preparation, and take great pleasure in reporting the

arrangements as sufficiently complete for the purposes of the present meeting.

Not less gratified are we to meet with so large a body of delegates already registered at the opening of the session. It is much the largest number that has thus assembled on any similar occasion. There is every reason for believing, also, that it is as intelligent, and well informed, and well educated a body of our profession as it is at large one.

We can not forget that the sum of knowledge and skill, and superior education, and with these the actual intelligence, are rapidly and greatly increasing in our medical profession as they are in all the professions and among the people of our country.

We must believe, therefore, that this assemblage of the representatives of the medical institutions and medical men from every part and quarter of our country has not come together here for any other purpose, and interest, than those of science and of our profession, and of a common and truly social brotherhood. Under this impression we have endeavored to make such arrangements as may satisfy these professional and scientific purposes—such as may encourage those interests and furnish them with food convenient for them.

First. By preparing a museum or collection of objects of scientific and professional character. It is not large or very comprehensive, nor does it pretend to represent the whole and the latest advance even in this city—still less of the country and elsewhere. It is nevertheless a collection of which we have no reason to be ashamed. It is one for the excellence of which we are very grateful, and most happy to acknowledge our obligations to contributors and exhibitors, and to the efficient committeemen and aids who have made it the admirable success it has proved itself to be.

Second. With the same or a still greater sense of obligation, we may say still more if possible, of the exhibition of microscopes and microscopic objects which will be offered to us by the Biological and Microscopical Section of the Academy of Natural Sciences, in the foyer or upper hall, to-night.

During the conduct of the microscopical reception, we will have in the balcony, for the entertainment of those who are in the lower hall, a promenade concert. Then we are to have scientific lectures, with attractive demonstrations, on the succeeding evenings of Wednesday and Thursday. Wednesday lecture by Dr. Noyes on Ophthalmoscopic appearances represented by means of magic lantern transparencies. After this a lecture by Prof. Rogers, with exhibition of Electrical Phenomena. Thursday lecture will be given by Dr. J. Solis Cohen, with experiments, on Sound.

On Wednesday evening the delegates will be received at the houses of Prof. Hodge and Dr. Wm. H. Pancoast. Prof. Joseph Pancoast having been unexpectedly called away from the city under a previous engagement, his son, Dr. Wm. H. Pancoast, has kindly taken his father's place as the host to the association, and will receive the delegates at his own house, S. W. corner of Walnut and 11th streets, instead of his father's house in Chestnut street.

On Thursday evening the delegates will be received by Col. Thos. A. Scott, at his mansion, on the S. E. corner of 19th street and Rittenhouse Square.

On Friday afternoon we are to have an excursion to Fairmount Park, with a collation at the Belmont pavilion. To the excursion and to all of the exhibitions, the ladies with the delegates are most cordially invited. We hope also to have them at the exhibition and concert of this evening, and at the museum and the lectures, as well as at the park excursion.

He then presented the following list of delegates and permanent members already registered as in attendance.

There were registered 725 delegates, permanent members and members by invitation, from the following States, etc: Alabama, Arkansas, Colorado, California, Delaware, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Kansas, Maryland, Massachusetts, Minnesota, Missouri, Mississippi, New York, Nebraska, North Carolina, New Jersey, New Hampshire, Ohio, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, Wisconsin, U. S. Army, U. S. Navy.

There being no objection to the confirmation of these delegates and permanent members, the President announced that the list thus reported by the Committee on Credentials was approved as read and the report adopted.

Vice President, Dr. Thomas M. Logan, having taken the chair, the President delivered the annual address.

Dr. Henry Askew, of Delaware, offered the following:

Resolved, That all questions of a personal character, including complaints and protests, and all questions on credentials, be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Committee on Ethics, and without discussion.

Dr. W. H. Mussey, of Ohio, asked that the motion be divided, referring questions of personal character only to the Committee on Ethics.

Dr. Askew declined dividing the motion.

Dr. Mussey asked if the question did not concern the rights of societies to be admitted in convention, and he denied the right of the committee to decide upon such questions. He proposed, also, referring the second branch of the subject to the convention.

The President said that such a course had never been pursued. Hitherto the Committee on Ethics reported to the convention on both subjects, their action being open to the approval of the convention.

Dr. Hartshorne said that the course of the Committee of Arrangements as a Committee on Credentials, was plain and defined by law. It was simply to report for confirmation all credentials that could be verified as undoubted and uncontested; and to report for reference all others together with the protesting or contesting papers filed against them. By admitting delegates and delegations to registration against whom there were objections the committee would assume the very right to decide at the expense and to the probable detriment of the Association—which is rightly denied by Dr. Mussey, and which belongs—whether affirmatively or negatively—to the Association alone. The committee had determined to act upon this interpretation of the law without fear or favor. It was their hope to avoid premature discussion, and thus to secure a fair hearing to all concerned, without any delay beyond what was unavoidable under the action of the meeting and of the Committee on Ethics, to which the questions in dispute were to be referred.

The original resolution was framed in accordance with this view. It could not be divided with propriety or justice, because constituencies and representatives cannot be separated thus. Under our organic law constituencies are established by the admission of their representatives and both may fall together. No question can be more personal than the question of credentials, nor can the supposed rights of the delegates and the constituents, as such, be considered separate or allowed to regulate each other.

Dr. J. Morris, of Maryland, called the previous question, which, being sustained, Dr. Askew's motion was put and carried without a dissenting voice.

Papers were next announced on subject to be read at the session of the section in the afternoon.

The following gentlemen were appointed the Committee on Ethics:

Dr. H. F. Askew, of Delaware; N. S. Davis, of Illinois; Calvin Seavy, of Maine; J. K. Bartlett, of Wisconsin; and S. D. Gross, of Philadelphia.

On motion, the Association adjourned until Wednesday at 10 A. M.

SECOND DAY.

WEDNESDAY, May 8.

Vice President, Dr. T. M. Logan, in the chair.

On motion a recess was taken to permit each State and Territory represented to select a representative on the Committee on Nomitions:

In consequence of the difficulty of hearing the motions, etc., in the hall, the Association reassembled in the First Reformed Presbyterian church, in Broad street above Pine.

The President, Dr. Yandell, in the chair.

The Permanent Secretary read the following as constituting the Committee on Nominations:

Alabama, W. O. Baldwin; Arkansas, R. G. Jennings; California, W. R. Cluness; Colorado, W. F. McClelland; Connecticut, S. W. Turner; Delaware, Isaac Jump; District of Columbia, Samuel C. Busey; Georgia, W. F. Westmoreland; Illinois, W. A. Knox; Indiana, W. H. Myers; Iowa, W. F. Peck; Kentucky, L. Rogers; Maine, S. Fitch; Maryland, J. Morris; Massachusetts, H. I. Bowditch; Michigan, C. M. Stockwell; Minnesota, Alex. J. Stone; Missouri, Edw. Montgomery; Mississippi, B. A. Vaughan; Nevada, J. C. Tucker; New Hampshire, J. H. Wheeler; New Jersey, T. J. Thomason; New York, Wm. C. Wey; Ohio, C. G. Comegys; Oregon, Thos. M. Logan; Pennsylvania, R. E. Rogers; Rhode Island, F. H. Peckham; South Carolina, R. A. Kinloch; Tennessee, W. Finley; Texas, G. Dowell; Virginia, Jas. B. McCaw; West Virginia, R. H. Cummins; Wisconsin, J. T. Reeve; U. S. Army, J. J. Woodward; U. S. Navy, G. Clymer.

On motion of Dr. R. E. Rogers, Pa., the following were elected members by invitation. Drs. J. Edgar Chancellor, Va.; M. J. Ash, U. S. A.; W. W. Vinnedge, Ind.; M. W. Junkins, Ohio and David D. Mahon, Pa.

The Committee on Nominations were requested to meet at once in Horticultural Hall.

Dr. J. R. Bronson, Mass., offered the following:

Resolved, That the Committee on Ethics, to consist of seven members, shall be nominated by the Committee on Nominations.

The president decided that, as an amendment, it must lie over till next year.

Dr. Bronson then offered it as a resolution, to apply to the next meeting. After some discussion, and an appeal from the decision of the chair, but which decision was sustained by a large vote of the Association, the motion was put and lost by a vote of 167 ayes to 187 nays.

Dr. W. C. Van Bibber, of Maryland, having asked the appointment of a special committee to examine and report upon an unknown remedy which he exhibited, the subject was referred to the Section on Materia Medica and Chemistry.

Dr. N S. Davis, of Illinois, offered a preamble and resolutions touching the action of the Massachusetts Medical Society, which, on motion of Dr. E. L. Howard, of Maryland, were referred to the Committee on Ethics.

Dr. E. Seguin, of N. Y., offered some remarks on Clinical Thermometry. On motion, he was requested to bring the subject before the Section on Practice of Medicine and Obstetrics.

The reports of the Committee of Publication and of the Treasurer, the latter showing a balance in the treasury of $1,005, were read and referred to the Committee of Publication.

Dr. J. S. Weatherly, of Alabama, chairman of the Committee on Medical Education, read his report, which, on motion, was referred to the Committee of Publication.

The Librarian, Dr. F. A. Ashford, of District of Columbia, read his report, which was referred to the Committee of Publication.

In the absence of Dr. Stille, Penn., chairman of the Committee on Prize Essays (in consequence of a bereavement), Dr. F. G. Smith, of Penn., reported that said committee had awarded but one prize, which was to an essay bearing the motto "*Ne tentis aut perfice*," and entitled "What Physiological Value has Phosphorus as an Organismal Element."

On breaking the seal, he announced Dr. Samuel R. Percy, of New York, as the successful essayist.

On motion, the report and essay were referred to the Committee of Publication.

Dr. Theophilus Parvin, Indiana, chairman of the Committee on Medical Literature, read his report, which was referred to the Committee of Publication.

Dr. J. D. Jackson, Kentucky, chairman of the Committee on American Medical Necrology, presented his report, which was, on motion, referred to the Committee of Publication.

The permanent secretary announced that Dr. J. G. Richardson, Pennsylvania, would read his report on the Structure of the White Blood Corpuscles before the Section on Hygiene, Physiology, etc.

A paper by Dr. Henry Hartshorne, Pennsylvania, on the Physiology of the Vaso-motor Nerves, was presented and referred to the same section.

The secretary also announced that Dr. John H. Packard, Pennsylvania, would exhibit at the Section on Surgery and Anatomy a suspension apparatus for fracture of the leg, and a bracketed splint for excisions of the knee and for compound fractures.

Dr. E. M. Hunt, of N. J., reported progress on the climatology and epidemics of that State.

Dr. Geo. M. Beard, of N. Y., offered a paper on "Recent Researches in Electro-Therapeutics with Demonstrations of some of the Methods of Application." On motion it was referred to the section on Practice of Medicine and Obstetrics.

Dr. J. P. Garrish, of N. Y., offered a paper on "The use of Instruments in Obstetrics," which was similarly referred.

Dr. S. B. Merkel proposed to bring before the association, the case of George Thomas, colored, a native of Brazil, externally well formed, who moves his heart at will; can also whirl with an undulating motion the abdomen like a huge ball around the umbilicus.

On motion the case was referred to the same section.

Dr. W. H. Mussey, of Ohio, offered a paper on Electrolysis in Cancer, and one entitled a Case of Vesical calculus and Polypi of the Prostate Gland, illustrated with photographs and specimens.

On motion both were referred to the Section on Surgery and Anatomy.

A paper on The Soft Palate in Health and Disease, by Dr. Harrison Allen, of Pennsylvania; and one on Operation on the Hip-joint, with a detailed case, by Dr. W. F. Peck, of Iowa, were similarly referred.

Several communications were offered and referred without comment to the Committee on Ethics.

Dr. Geo. Sutton, of Indiana, chairman of the Committee on the Comparative Pathology, and the Effects which Diseases of Inferior Animals have upon the Human System, reported progress, and the committee was continued.

On motion of Dr. A. M. Pollock, of Pennsylvania, it was

Resolved, That a committee of three be appointed by the president to take into consideration the propriety of adopting the suggestions of the Committee on Medical Education.

Dr. J. M. Keller, of Kentucky, offered the following:

Resolved, That the Committee on Publication have discretionary power on all papers referred to it, unless instructions to publish accompany the papers when referred.

Dr. J. G. Stetler, of Pennsylvania, offered the following:

Resolved, By the American Medical Association, that no report, paper, etc., referred by it to the various sections shall be referred by the latter to the Committee of Publication, without first having been examined and approved by two-thirds of the members present at said section.

Dr. F. G. Smith, of Pennsylvania, asked if these were not amendments to the constitution and consequently should lie over?

A motion by Dr. P. C. Williams, of Maryland, to lay both on the table, was lost. Ayes, 104; nays, 165.

Dr. S. C. Gordon, of Maine, offered as a substitute:

Resolved, That the Committee of Publication have discretionary power as to publishing all papers referred to them by the society or sections.

Dr. A. B. Palmer, of Michigan, moved the indefinite postponement of the whole matter.

The President having decided that debate was not in order on such a motion, Dr. J. G. Stetler, of Pennsylvania, appealed from his decision. The question was put and the chair sustained.

The indefinite postponement was then agreed to by a large majority.

On motion, the association adjourned to meet on Thursday at 10 A. M.

THIRD DAY.

THURSDAY, May 9.

The president called the association to order at 10 A. M.

On motion, Drs. E. N. Ash, of North Carolina, and S. Troup Maxwell, of Florida, were elected members by invitation.

The Permanent Secretary read the following communication:

HALL OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, May 1, 1872.

W. B. ATKINSON, M. D., *Permanent Secretary of the American Medical Association—Dear Sir:* At a stated meeting of the College, held this evening, the following preamble and resolutions were passed:

"WHEREAS, Cases of accidental poisoning and of the internal administration of medicines intended only for external use, are so frequent, and whereas every possible safeguard should be employed to prevent such accidents, therefore

"*Resolved*, That it is recommended to all druggists to place all external remedies in bottles not only colored, so as to appeal to the eye, but also rough upon one side, so that by the sense of touch no mistake shall be possible even in the dark.

"*Resolved*, That all bottles containing poisons should not only be labeled "poison," but also with another label indicating the most efficient and convenient antidote.

"*Resolved*, That a copy of these resolutions be presented to the American Medical Association, the College of Pharmacy of Philadelphia, and the American Pharmaceutical Association, and their assistance asked in bringing about so desirable a reform."

Respectfully, yours,

JOHN H. PACKARD,

Secretary College of Physicians of Philada.

On motion of Dr. L. A. Sayre, N. Y., these resolutions were unanimously adopted.

On motion of Dr. S. Fitch, of Maine, Dr. Berryman, of England, was invited to a seat with the association.

Dr. Alex. W. Stein, of N. Y., offered the following, which was adopted:

WHEREAS, It has long since been recognized that diseases of a dangerous and fatal nature are transmissible from animals to man, and that certain Zymotic affections which are common to both man and animals do very frequently manifest themselves first in the latter and subsequently in man, thus warning us that to be indifferent to the condition of the inferior animals is to introduce and create centers of disease among ourselves:

Resolved, That a committee be appointed to ascertain what measures can be instituted to prevent the extension of such diseases to man, and what sanitary measures can be effected to arrest the progress of such diseases in animals.

The president appointed as the committee Drs. A. W. Stein, N. Y.; Geo. Sutton, Ind.; and S. D. Gross, Penna.

Dr. J. M. Keller, of Ky., presented a circular which was at once referred to the Committee on Ethics.

Dr. Frederick Horner Jr., of Virginia, offered the following, which was adopted:

WHEREAS, The abuse of ardent spirits in our country has proved injurious to the health of the community; therefore

Resolved, That the members of this Association do recommend to our medical brethren to discourage the abuse of alcoholic stimulants in their several communities.

Dr. Francis G. Smith, of Penna., chairman of the Committee on Nomenclature of Diseases, reported that in accordance with instructions given to them by the association, in 1870, they had prepared a nomenclature to be adopted and observed by the practitioners of the United States. The system presented by the committee is based upon that of the Royal College of Physicians of London, with such additions and modifications as in the judgment of the committee were needed. In selecting Latin equivalents the committee had frequently departed from the English nomenclature, and so far as possible the English rather than the Latin terms have been employed.

The report had appended to it the following:

Resolved, That the report of the Committee on Nomenclature of Diseases be referred to a special committee of five members, to be appointed by the president, who shall examine it and report upon its final disposition at the present meeting of the association.

Resolved, That on the favorable report of said committee it shall be referred back to the Committee on Nomenclature for the preparation of an index.

Dr. J. J. Woodward, of U. S. Army, offered a minority report as follows:

A minority of the Committee on Nomenclature have the honor to report:

That while they entertain the highest respect for the abilities and the learning of those members of the committee whose residence in Philadelphia has enabled them to attend its meetings and aid in the production of the report which has just been submitted, they nevertheless feel it a duty to express their earnest conviction that the adoption of a nomenclature and classification by this association is a matter of too great importance to be acted upon hastily, before the members have had any opportunity to examine for themselves the nomenclature and classification proposed.

The minority of the committee have had no opportunity to examine the proof-sheets of the work until since the commencement of the present meeting of the Association, and the time since then has been far too short for them to form an opinion as to details. They do not therefore wish to be understood as criticising the work done in any way, but simply ask as a measure of justice and wisdom, that it may be submitted to the judgment of the profession before it is acted upon by this body.

We have the honor, therefore, to offer the following resolution as a substitute for the resolution offered by the majority:

Resolved, That the nomenclature and classification just submitted by the committee be published in the transactions; that one thousand extra copies be printed in pamphlet form

and distributed to the profession, and that the question of the adoption of the nomenclature and classification by this body be postponed till the next annual meeting.

On motion of Dr. A. B. Palmer, of Michigan, both reports were accepted.

The reports were discussed by Drs. Woodward, Hamilton, White, Howard, Gallaher, Newman, Palmer, Atlee and Squibb.

Dr. Woodward's resolution was then adopted.

Dr. J. M. Keller, of Ky., offered the following, which was not adopted:

Resolved, That so much of the report of the Committee on Medical Education as referred to the establishing of a medical congress, consisting of an equal number of representatives from each State, is of immediate importance, and in order to a furtherance of the views expressed, that a committee of one from each State be appointed at once to take the preliminary steps necessary to organization, with instructions to report before adjournment of the present session.

Dr. Baldwin read a partial report from the committee on nominations, as follows:

President—Dr. Thomas M. Logan, Cal.

First Vice President—Dr. B. H. Catlin, Conn.

Second Vice President—Dr. W. M. McPheeters, Mo.

Third Vice President—Dr. A. M. Pollock, Pa.

Fourth Vice President—Dr. W. T. Briggs, Tenn.

Treasurer—Dr. Caspar Wister, Pa.

Librarian—Dr. William Lee, D. C.

Committee on Library—Dr. J. M. Toner, D. C.

Next place of meeting—St. Louis.

Assistant Secretary—Dr. M. A. Pallon, Mo.

Dr. Baldwin requested further time for his committee to complete their report.

On motion the report was adopted.

Dr. M. A. Pallon, of Missouri, thanked the association for having thus handsomely agreed to meet next year in St. Louis. He presented in behalf of Dr. S. Gratz Moses, of St. Louis, who was absent, the following plan to elevate the standard of medical men:

WHEREAS, The vast extent, and increasing population of this great country creates an increased demand for medical men, numerous medical schools have sprung up in every direction, nearly all of which have the power of granting diplomas to their graduates, and that a diploma is simply a certificate that its recipient has passed an examination satisfactory to the faculty of said schools; therefore it behooves the medical profession to grant a higher reward of merit by such of its members who may be distinguished by high medical attainments and great moral worth; therefore be it

Resolved, 1st. That the American Medical Association of the United States take means to establish a National Academy of Medicine.

2d. That the object of the Academy of Medicine shall be to elevate the standard of medical attainments and moral worth of the medical profession, so that a certificate of membership of the academy shall be the highest evidence and mark of distinction of a learned and honorable physician.

3d. To accomplish these objects, that a board or boards of examiners, without salary, and irrespective of medical schools, shall be yearly appointed by the National Academy, whose duty it shall be to examine carefully and conscientiously each applicant for membership.

4th. That the board or boards shall report those who have passed a satisfactory examination to the National Academy of Medicine at their yearly sessions, who shall proceed to ballot for the candidates.

5th. To all those who shall be elected a certificate of membership shall be granted, which certificate shall be signed by the president and secretary of the Academy of Medicine.

6th. That the cost of said certificate shall be ——.

7th. That the amount accruing from the above source shall compose a fund to be properly invested and held in trust for the benefit of the needy widows and orphans of deceased members of the National Academy of Medicine.

Dr. Pallon then moved that a committee of seven be appointed by the president to carry out the object of these resolutions, and that their author, Dr. S. Gratz Moses, of St. Louis, be chairman.

This motion was lost, and no further action was taken on the subject.

Dr. Troupe S. Maxwell, of Florida, presented a laryngoscope, which was referred to the section on Surgery and Anatomy.

Dr. T. M. Logan, of California, Chairman of the Committee on National Health Council, presented a report and asked to be continued to constitute a special Section on State Medicine.

On motion, the report was received.

Dr. J. C. Tucker, California, offered as a substitute a resolution asking Congress to establish a national sanitary bureau, and presented an act bearing on this subject.

On motion of Dr. T. J. Gallaher, of Pennsylvania, this resolution was laid on the table.

Dr. R. A. Kinloch, of South Carolina, offered an amendment to the resolution attached to Dr. Logan's report, striking out the appeal to the government, which was accepted by Dr. Logan and the committee was continued in accordance with the report of the chairman.

Dr. T. J. Gallaher, of Pennsylvania, offered the following amendment to the constitution:

Resolved, That the U. S. Marine hospital service be placed in the same relative position in the association as the U. S. Army and Navy Hospital service, and that the constitu-

tion and by-laws of the association be amended as follows:

In paragraph 2, of the second section of the constitution, after the words "army and navy," insert, "and the U. S. Marine Hospital service.

In the 6th section of the by-laws, after the words "the chiefs of the bureaus of the army and navy," insert, "and the supervising surgeon of the U. S. Marine Hospital service.

Under the rules, this lies over till next year.

The Committee on Nominations presented their additional report:

Committee of Arrangements—Drs. J. B. Johnson, J. T. Hodgen, John S. Moore, Robinson, Kennard, Leete, Brokaw, J. M. Scott, all of St. Louis.

Committee of Publication—Drs. F. G. Smith, Chairman, Pennsylvania; W. B. Atkinson, Pennsylvania; D. Murray Cheston, Pennsylvania; Wm. Lee, District of Columbia; Caspar Wister, Pennsylvania; H. F. Askew, Delaware; J. Aitken Meigs, Pennsylvania.

Committee on Prize Essays—Drs. John S. Moore, Chairman, St. Louis; E. S. Gregory, St. Louis; N. S. Davis, Chicago; Theophilus Parvin, Indianapolis; Geo. Mendenhall, Cincinnati.

Committee on Medical Education—Drs. Wm. Carson, Chairman, Cincinnati, Ohio; Joseph P. Logan, Georgia; E. Lloyd Howard, Maryland; H. K. Steele, Colorado; S. Oakley Vanderpoel, New York.

Committee on Medical Literature.—Drs. Austin Flint, Chairman, New York; L. P. Yandell, Sr., Kentucky; Henderson, Alabama; S. B. Thrall, Iowa; C. Seavy, Maine.

Committee on Medical Necrology.—Drs. J. D. Jackson, Chairman, Kentucky; Charles W. Parsons, Rhode Island; E. A. Hildreth, West Virginia; W. W. Johnston, District of Columbia; G. L. Simmons, California; W. C. Warriner, Oregon; E. B. Stevens, Ohio; D. Hayes Agnew, Pennsylvania; D. W. Stormont, Kansas; J. B. Johnson, Missouri; H. R. Storer, Massachusetts; W. S. W. Ruschenberger, U. S. Navy; E. H. Hazen, Iowa; Levi G. Hill, New Hampshire; A. Sager, Michigan; V. Kersey, Indiana; A. E. Ames, Minnesota; W. H. Newman, Colorado; J. O. Hamilton, Illinois; J. H. Peabody, Nebraska; L. P. Bush, Delaware; G. W. Russell, Connecticut; Samuel C. Chew, Maryland; S. H. Stout, Georgia; T. J. Heard, Texas; A. H. Scott, Arkansas; Wm. H. Bailey, New York; B. R. Jones, Alabama; D. McRuer, Maine; A. N. Talley, South Carolina; John D. Blaine, New Jersey; J. W. M. Shattuck, Missouri; Levin S. Joynes, Virginia.

OFFICERS OF SECTIONS.

Chemistry and Materia Medica.—Drs. R. E. Rogers, Philadelphia, Pennsylvania, Chairman; Ephraim Cutter, Boston, Massachusetts, Secretary.

Practice of Medicine and Obstetrics.—Drs. D. A. O'Donnell, Baltimore, Maryland, Chairman; Benj. F. Dawsen, New York, Secretary.

Surgery and Anatomy.—Drs Edw. Warren, Baltimore, Chairman; W. F. Peck, Davenport, Iowa, Secretary.

Meteorology and Epidemics.—Drs. George Sutton, Aurora, Indiana, Chairman; Elisha Harris, New York, Secretary.

Medical Jurisprudence, Hygiene and Physiology.—Drs. S. C. Busey, Washington, Chairman; A. B. Arnold, Baltimore, Secretary.

Psychology—Drs. Isaac Ray, Chairman, Philadelphia; John Curwen, Secretary, Harrisburg.

Several resolutions relative to the publication of papers in the transactions and instructing the Committee of Publication, were offered, but after discussion, on motion of Dr. N. S. Davis, Ill., the whole matter was indefinitely postponed.

The Committee on Ethics reported through Dr. N. S. Davis as follows:

Your committee have made a careful and patient examination of each and every subject referred to them by the association. In all cases involving the rights of individuals or organized institutions to representation, the individuals and the representatives of such institutions have been invited before the committee, and their testimony carefully taken. As a result of these investigations the committee ask leave to submit the following unanimous report:

First. In relation to the preamble and resolutions offered by Dr. Davis, touching the Massachusetts Medical Society, your committee recommend them for unanimous adoption by the association. They are as follows:

WHEREAS, It has been represented that the Massachusetts Medical Society considers that its delegations to the annual meeting of the American Medical Association in Washington, May, 1870, were unjustly excluded by the Committee of Arrangements; and

WHEREAS, The action of the Committee on Ethics, at the same meeting, in refusing to allow the right of said Committee of Arrangements to exclude the Massachusetts delegation, is not yet fully understood by that society; therefore

Resolved, That this association acknowledges the great and effective efforts of the Massachusetts Medical Society to elevate the profession, and to suppress quackery of all sorts, and especially assure that society of encouragement and support in its present exertions to rid itself of all pretenders.

Resolved, That the said association trusts that hereafter there will be a united and harmonious action of all the several bodies of which the association may be composed.

Resolved, That a copy of these resolutions be forwarded to the President of the Massachusetts Medical Society.

This was agreed to by the association.

The committee report in regard to the official communication of the Corresponding Secretary of the Medical Association of the District of Columbia, certifying that Drs. J. D.

Barnes, S. S. Bond, A. McWilliams, W. E. Poulton, S. B. Blanchard, S. W. Caldwell, J. L. Crouse, Jas. Phillips and G. Sylvester, have forfeited their membership in that society by reason of not having paid their dues for three years, and after repeated notices of the fact and its consequences, your committee recommend that their names be stricken from the roll of membership in accordance with the fifth paragraph of the second section of the constitution of this association, and also the same action in regard to Dr. D. W. Bliss, who is under sentence of expulsion from that society. Unanimously adopted.

In regard to alumni associations of medical colleges, the committee reported that it did not consider them such medical societies as were intended by the constitution to be eligible to membership, and hence they recommend that no delegates be received from any of the alumni associations of any of the medical colleges from any part of the country. Unanimously agreed to.

In regard to the Pathological Society of Berks county, Pa., the registration of whose delegates had been postponed on account of the protest alleging the want of good standing on the part of that society, the committee postponed action from the want of proper evidence.

On motion this request was granted, and further action on this institution was postponed.

In regard to the Academy of Medicine of Washington, D. C.; the Freedman's Hospital of the District of Columbia, and the Howard University of Washington, D. C., the registration of whose delegates had been postponed by the Committee of Arrangements, on account of want of good standing on the part of these institutions, as indicated by the action of this institution in 1870 and 1871, and by information communicated to that committee, we report the facts as follows: First, that this association, at its meeting in San Francisco, in 1871, by the emphatic vote of 83 to 26, refused to so amend the constitution as to admit delegates from colleges in which woman are taught and graduated in medicine, and from hospitals in which women, graduates in medicine, attend. Second, that this association, in 1870, declared, by an almost equally emphatic vote, that a medical society constituted in part of members who are not licensed to practice in accordance with the civil law governing the practice of medicine in the State or district in which the society is located, is not entitled to representation in this association. Third, that sections 3, 4 and 5 of the act of congress, passed July 1838, incorporating the medical society of the District of Columbia, and which has been the law regulating the practice of medicine in that District up to the present time, requires all persons coming into the District to practice medicine, to apply for and within six months obtain, a license to practice from a board of examiners, appointed for that purpose and makes it a misdemeanor, punishable by a fine of $50, for every act of practice without such license. Fourth, that it has been proven by the testimony of several witnesses that the Medical Society of the Academy of Medicine of Washing now contains in full fellowship at least four or five members who have never applied for and obtained license to practice, and yet are actualy practicing medicine, and three of whom are on the list of delegates sent by that society to this association; also, that one of them is a member of the medical staff of the freedman's hospital, and also that several of the faculty of the Howard University are members of the same academy of medicine, and one of the teachers is a woman.

In view of these facts, the committee cannot regard either of the three institutions named as in good standing, whether tested by civil law, by the former decisions of this association or by its code of ethics, and hence the committee recommend that the delegates from those several institutions be not received into this body.

Dr. Reyburn, of Washington, D. C., obtained the floor, but granted Dr. Davis permission to read the next and final section of the report, which was in reference to the resolution of Dr. Finley, asking of this committee a clear interpretation of what is now a part of the by-laws of the association.

The committee offered the following:

Resolved, That members of the profession hired by the month or year for definite wages, by families, railroads, manufacturing incorporations, or any money making institution whatever, for ordinary surgical or medical practice, always excepting elemosinary and charitable institutions and hospitals, are to be classed as irregular practitioners, and, therefore, disqualified for membership in this association, or in state or county societies.

Dr. Weatherly moved to refer this question back to the State societies. Agreed to.

Dr. R. Reyburn, of D. C., spoke in defense of himself and the Howard University, etc.

Dr. S. C. Busey, of D. C., replied in defense of the licensing board at Washington, etc.

Dr. J. R. Bronson, of Mass., asked if colored physicians were licensed by this board.

Dr. Busey replied that they were.

Dr. G. S. Palmer, of D. C., spoke in defense of himself, the Howard University, etc.

Dr. Edward Hartshorne, of Penna., replied to Dr. Reyburn and proved incontestably that he had been warned before leaving Washington. The previous question was now demanded and sustained.

On motion of Dr. L. A. Sayre, of N. Y., the report of the Committee on Ethics was received and adopted by a very large majority.

On motion the association adjourned until Friday May 10, at 10 A. M.

FOURTH DAY.

FRIDAY, May 10.

The association was called to order at 10 A. M., by the president.

Dr. A. B. Palmer, Michigan, offered the following, which were unanimously adopted:

WHEREAS, It has pleased the Great Ruler of the Universe to take from us our former president, Dr. Zina Pitcher, of Detroit, a man of large attainments, of unspotted character, of great benevolence, and unusual devotion to the profession of his choice; therefore

Resolved, That in the death of Dr. Pitcher the profession has lost one of its purest members, the community one of its greatest benefactors, and this association one of its most dignified and genial members.

Resolved, That we mingle our sympathy with the family and the immediate friends of the deceased, and that a copy of these resolutions be transmitted by the president of the association to his bereaved family.

Dr. P. Pineo, Massachusetts, offered the following amendment to the constitution, which was laid over till next year:

Resolved, That the U. S. Marine Hospital service be placed in the same relative position in the American Medical Association as the Medical Department of the U. S. Army and Navy.

And that in paragraph 2d of the 2d section of the constitution, after the words Army and Navy, the words, "and the U. S. Marine Hospital Service," be inserted.

Also, in section 6th of the by-laws, after the words, the chief of the bureaus of the army and navy, be inserted, "and the supervising surgeon of the U. S. States Marine Hospital Service."

The committee on nominations presented their final report, which was, on motion, adopted:

SPECIAL COMMITTEES.

Committee on Vaccination.—Dr. T. N. Wise, of Kentucky.

Committee on Diseases of Colorado.—Dr. John Elsner, of Denver, Col.

Committeee on the Treatment of Fractures.—Dr. Lewis A. Sayre, of New York.

Committee on Chua Bibberina, a Substitute for Quinia.—Dr. Wm. Chew Van Bibber, of Maryland.

Committee on Gynæcology.—Dr. Montrose A. Pallen, of Mo.

On the Climatology and Epidemics.—Of New Hampshire, Dr. G. R. Crosby; Vermont, Dr. G. E. Bullard; Massachusetts, Ephraim Cutter; Rhode Island, Ed T. Caswell; Connecticut, J. C. Jackson; New York, Gouverneur M. Smith; New Jersey, E. M. Hunt; Pennsylvania, W. L. Wells; Maryland, C. H. Ohr; Georgia, J. B. M'Dowell; Missouri, T. B. Lester; Alabama, T. C. Osborn; Texas, S. M. Welsh; Illinois, David Prince; Indiana, Dugan Clark; District of Columbia, J. W. H. Lovejoy; Iowa, G. M. Staples; Michigan, S. H. Douglas; Ohio, J. A. Murphy; California, W. H. Williams; Tennessee, W. K. Bowling; West Virginia, H. W. Brock; Minnesota, Charles H. Hewitt; Virginia, —— Claiborne; Delaware, L. P. Bush; Kansas, Tiffin Sinks; Mississippi, S. V. D. Hill; Louisiana, S. M. Bemiss; Wisconsin, J. K. Bartlett; Kentucky, L. P. Yandell, Sr.; Colorado, R. G. Buckingham; Oregon, Horace Carpenter; North Carolina, E. Burke Haywood; South Carolina, M. Simmons; Maine, J. H. Tewksbury.

The president appointed the following committee on publication of a national medical journal, as previously agreed to.

Drs. A. M. Pollock, Pennsylvania; W. F. Westmoreland, Georgia; A. N. Talley, South Carolina; J. Walker, New York, J. D. Jackson, Kentucky; J. S. Weatherly, Alabama; and H. Maguire, Virginia.

Dr. J. G. Stetler, Pennsylvania, offered the following, which, on motion, was laid on the table:

WHEREAS, The American Medical Association did refer the whole subject of contract physicians—after the report of the Committee on Ethics on the subject—to the various State Medical Societies; therefore

Resolved, That everything relating to this subject be rescinded or stricken from the ordinances of this association.

The report of Dr. Hewitt on the climatology of Minnesota, presented too late for action by the section on that subject was referred to the Committee of Publication.

A voluminous paper on Yellow Fever, by Dr. Jos. Jones, La. was presented from the Section on Practice of Medicine and Obstetrics, with the report that it was impossible for said section to properly examine it in the short time at their disposal.

On motion of Dr. C. Wister, Pennsylvania, it was

Resolved, That the paper of Dr. Jones, of New Orleans, be returned to the author with the request that he will abridge his paper if possible, and if not, present it next year to the chairman of the Section on Practice a day previous to the meeting, as directed by law, so that it may have due consideration.

The Section on Chemistry and Materia Medica reported their minutes, which on motion, with the accompanying papers, was referred to the Committee of Publication.

Two papers offered by Dr. C. F. Perkins, Pennsylvania, were referred back to their author, as the section had not time to properly examine them.

Dr. L. P. Bush, Delaware, offered the following, which, on motion of Dr. Porter, Delaware, was adopted by a standing vote.

The removal, in the order of Divine Provinence, by death, of Dr. W. W. Gerhard, of this city, marks an event of more than ordinary importance; therefore

Resolved, That the combination of high talents, with education in careful and exten-

sive observation, and close analysis, as preliminary to his entering upon the practice of medicine, pursued with extraordinary diligence under the most favorable advantages, in the Hotel Dieu, in the clinic of that great master, Baron Louis, perfected him in the diagnosis especially of the diseases of the heart and lungs, and of typhoid fever; and added to this, his pathological knowledge, brought with him from abroad, was so remarkably accurate, and so admirably and successfully were these accomplishments exhibited to his classes in the Blockley Hospital, the first field of his labors after his return home, and afterward in the Pennsylvania Hospital, that they could not fail to imbue the classes with the enthusiasm which manifested itself in his teachings by the autopsy.

The profession of that day without hesitation accorded to him, though a young man, a position *primus inter pares*, and hence his reputation rapidly spread through the country, and brought to him from all sections those who desired the benefit of his wise judgment in disease.

Resolved, That this association desires to record thus its high appreciation of the services and character of this lamented member of the profession, and that a copy of these resolutions be transmitted to the family of the deceased.

Dr. L. J. Deal, chairman, of the Committee on Cultivation of the Cinchona Tree in the United States presented a report which was adopted and referred to the Committee of Publication.

The special committees were called as follows:

On the Anatomy and Diseases of the Retina, Dr. R. F. Michel, Alabama, Chairman. No report.

On the Comparative Pathology and the Effects which Diseases of Inferior Animals have upon the Human System, Dr. Geo. Sutton, Indiana, Chairman, reported progress, and was continued.

On the Structure of White Blood Corpuscles, Dr. J. G. Richardson, Pennsylvania, Chairman, had already read his report to a section, by whom it was referred to the Committee of Publication.

On Vaccination, Dr. T. N. Wise, Kentucky, Chairman. No report.

On Skin Transplantation, Dr. J. Ford Thompson, D. C., Chairman, was, on motion, continued.

On the Nature and Process of the Restoration of Bone, Dr. A. L. McArthur, Illinois, Chairman. No report.

On some Diseases peculiar to Colorado, Dr. John Elsner, Colorado, Chairman, had already been continued by the Committee on Nominations.

On Correspondence with State Medical Societies, Dr. N. S. Davis, Illinois, Chairman, reported as follows:

Your committee, in compliance with the instruction of the association at the last annual meeting, have sent printed copies of their report last year to the secretaries of the several State medical societies, asking them to call the attention of their respective societies specially to the resolution appended to the report relating to the subject of the preliminary education of those proposing to study medicine.

Such of the State societies as have held their meetings since the communication was sent, have given the subject due attention, and have given indications of most gratifying progress in the development of a proper professional sentiment on that subject. But as many of the societies have not had time to report we would simply report progress and ask to be continued.

On motion the report was received and the committee were continued.

On What, if any, Legislative means are expedient and advisable, to prevent the spread of Contagious Diseases, Dr. M. H. Henry, New York, Chairman. No report.

On the Climatology and Epidemics of Massachusetts, Dr. E. Cutter; New York, Dr. W. F. Thoms; New Jersey, Dr. B. M. Hunt; Pennsylvania, Dr. W. L. Wells; Missouri, Dr. W. S. Edgar; Texas, Dr. S. M. Welsh; California, Dr. F. W. Hatch; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Delaware, Dr. L. P. Bush; Wisconsin, Dr. J. K. Bartlett; Colorado, Dr. R. G. Buckingham; Oregon, Dr. E. R. Fiske: South Carolina, Dr. M. Simmons, reports either in full or of progress, were presented and referred to the Section on Climatology and Epidemics, during the session.

On motion of Dr. J. S. Weatherby, Ala., it was

Resolved, That the committee appointed to consider the report on medical education be allowed to report at our next meeting.

Dr. S. D. Gross, Pa., offered the following:

SECT. III.—STANDING COMMITTEES.

Amendment to the By-Laws.

That instead of a report on medical education, on medical literature, climatology and epidemic diseases, there shall annually be delivered before the association, at its general meetings, an address in medicine, an address in surgery, and an address in midwifery, or the diseases of children. The lecturers to be appointed this year by the president; afterward by the Committee on Nominations.

After some discussion, on motion of Dr. A. B. Palmer, Mich., it was laid over for consideration at the next session.

On motion of Dr. E. L. Howard, Md., it was

Resolved, That a committee of three be appointed, to report at the next meeting of the association, a plan for the better arrangement of the sections, and for the more rigid examination of papers offered for publication.

Committee, Drs. E. L. Howard, Md.; J. R. Bronson, Mass; and R. E. Rogers, Pa.

The following preamble and resolutions were offered by Dr. Henry Hartshorne, Pa., at the Section on Chemistry and Materia Medica, and by them adopted, were on motion unanimously adopted by the association:

WHEREAS, In all capital criminal trials involving questions of medical jurisprudence, there is an obvious disadvantage in the testimony of the scientific experts, being made to appear partial or antagonistic, by their being employed as witnesses upon one or the other side; therefore

Resolved, That it is the sense of this association that in important criminal cases requiring the evidence of medical or chemical experts, the cause of justice will be promoted by the appointment by the court, in every such case, of a commission of experts empowered to collect all purely scientific testimony bearing on the case and report upon it to the court by which the case is to be tried.

Resolved, That by the appointment of such scientific commission, the present system of summoning chemical and medical witnesses in criminal trials might be dispensed with to advantage.

Resolved, That the same recommendation applies also to cases of surgical or medical malpractice.

Resolved, That the State associations be requested to bring this matter at an early date before their respective legislatures.

The section on Meteorology, Medical Topography and Epidemics, reported their minutes, which, with the accompanying papers, were, on motion, referred to the Committee of Publication.

On motion of Dr. D. M. Cheston, of Pa., it was

Resolved, That Dr. H. F. Askew, of Del., be requested to prepare suitable resolutions relative to the late Prof. Samuel Jackson, M. D., for entry on the minutes.

Dr. W. F. Peck, of Iowa, offered the following amendment to the constitution, which laid over under the rules:

Amend, Section 2 of the Constitution so as to contain the words "Marine Hospital Service" after the words army and navy.

Dr. C. Percy La Roche, of Pa., offered the following, which, on motion, was laid on the table:

Resolved, that the American Medical Association invite their medical brethren throughout the civilized world to join them in a medical congress, to be held in 1876, at such place designated by the association at its next meeting in St. Louis.

On motion of Dr. Alex. W. Stein, New York, it was

Resolved, That the committee appointed at the meeting of this association held at Washington, May 1870, to report on what means are expedient to prevent the renewal of prescriptions by druggists without the consent of the physician ordering said prescription, be continued another year.

On motion of Edward Dr. Hartshorne it was

Resolved, That the thanks of this association are presented to the officers and proprietors of the various public institutions and industrial and other establishments, and to the officers in command of the U. S. Navy Yard, and the League Island station, in Philadelphia, in acknowledgement of the kind invitions extended to the association.

Resolved, That the cordial thanks of this association are due and are hereby presented to the authorities and congregation of the First Reformed Presbyterian church, in Philadelphia, for their timely and generous permission to occupy their building.

Of motion of Dr. Edward Hartshorne it was

Resolved, That the honor which has been accorded to the memory of Dr. S. W. W. Gerhard is eminently due and is hereby offered to those of the late Prof. S. Henry Dickson, of Jefferson Medical College, and to the late Prof. Samuel Jackson, of the University of Pennsylvania, both of whom have recently deceased. Their names and reputation, like that of Dr. Gerhard, are identified with the history of medicine in America. The American Medical Association owes them a record of grateful recognition which would be as much an honor to itself as to its memory.

Resolved, That copies of this resolution be sent to the families of the deceased.

On motion of Dr. Edward Hartshorne, Pa., it was

Resolved, That Dr. J. M. DaCosta, Pa., be appointed a committee to prepare an appropriate notice of the death of Prof. Dickson, to be placed upon the minutes and to be conveyed to the faculty.

Dr. Henry M. Skillman, Ky., offered the following:

WHEREA[illegible], Dr. Wm. B. Atkinson has served the association for eight years in the arduous office of permanent secretary, without any sufficient remuneration; and

WHEREAS, His duties must become more engrossing every year, and their proper performance must interfere with other more profitable employment, and entail labor upon him well deserving compensation; be it

Resolved, That he receive the thanks of the association for his past services, and that the occupant of the office of permanent secretary shall hereafter be paid a salary of one thousand dollars per annum, in quarterly payments.

After some discussion, on motion of Dr. N. S. Davis this matter was referred to a special committee of three to be appointed by the president, to report at the next meeting.

Committee, Drs. N. S. Davis, Ill.; J. P. White, N. Y.; Edward Hartshorne, Pa.

On motion of Dr. Edward C. Harwood, of New York, it was unanimously

Resolved, That we return our grateful thanks

to our permanent secretary for his valuable services, and as a more permanent testimonial to his merit, we present him the sum of $500.

On motion of Dr. T. M. Logan, of Cal., it was

Resolved, That the thanks of the association be extended to the Committee of Arrangements, the members of the medical profession of Philadelphia, the Professors of the Jefferson Medical College and of the University of Pennsylvania, and to the citizens generally, and especially to Col. Thomas A. Scott, for the kind attention and hospitalities extended to the members of this association.

The following, offered by Dr. Henry Hartshorne, of Pennsylvania, was laid on the table:

Resolved, That reaffirming the resolution of 1870, by this association, recognizing Horace Wells as the discoverer of the practical application of anæsthesia for surgical purposes, we hereby acknowledge the good will and sense of justice evinced by Sir James Y. Simpson and others in England toward an American discoverer which led to originating in England the "Horace Wells Testimonial Fund," and we cordially recommend a movement in this country for the same purpose.

On motion of Dr. L. S. Bolles, of Pennsylvania, it was

Resolved, That the resolution offered by Dr. Askew, of Delaware, and adopted by the Association, to wit, "that all questions of a personal character, including complaints and protests, and all questions of credentials, be referred at once to the Committee on Ethics, and without discussion" be adopted by the association as a standing resolution.

The minutes of the Section on Surgery and Anatomy were received, and with the accompanying papers were, on motion, referred to the Committee of Publication.

Dr. James Parsons, of New York, offered the following, which was adopted:

WHEREAS, Paluel de Marmon has been permitted to register as a delegate from the Westchester County Medical Society of New York, and whereas, he was appointed nearly a year ago, and while he was supposed to be in good standing, but since that time his name has been stricken from the Yonker's Medical Association; he has been refused admission to the New York Academy of Medicine, and charges will be brought against him for unprofessional conduct at the annual meeting of the Westchester County Medical Society; therefore

Resolved, That the name of Paluel de Marmon be expunged from the register and the case referred to the Committee on Medical Ethics, with instruction to report at the next annual meeting of this association.

On motion of Dr. W. O. Baldwin, of Alabama, it was

Resolved, That a special committee on the relations between physicians and druggists be established, and that Dr. R. J. O'Sullivan be appointed chairman of said committee, with a request to report at the next meeting of the association.

Dr. J. M. Toner, D. C., offered the following, which was laid on the table:

Resolved, That a committee of three be appointed by the chair to consider and report at the next meeting of the association a suitable design for a medal of membership.

Dr. W. S. Huselton, Pa., offered the following, which, on being put by the vice president, Dr. T. M. Logan, was unanimously adopted:

Resolved, That the thanks of the association are tendered the retiring president, Dr. Yandell, for the able and impartial manner in which he has presided over our deliberations during the present session.

The president appointed as delegates to the British Medical Association Drs. Charles A. Hart, N. Y.; John Davies Jackson, Ky.; J. R. Bronson, Mass.; F. Henderson, J. F. Johnston, Ala, and J. M. Dacosta, Penna.

Dr. W. W. Reese, of Yew York, offered the following, which was laid on the table:

Resolved, That whilst we admit the right of women to acquire medical education and to practice medicine and surgery in all their departments, we deem the public association of the sexes in our medical schools, and at the mixed clinics of our hospitals, as impracticable, unnecessary and derogatory to the instincts of true modesty in either sex.

On motion of Dr. T. J. Gallagher, Pennsylvania, it was

Resolved, That the thanks of this association be tendered to Drs. W. H. Pancoast and Hugh L. Hodge, for their very elegant and sumptuous entertainments given to the members of this body.

On motion of Dr. R. W. Gibbes, S. C., it was

Resolved, That the thanks of the American Medical Association be tendered to those railroad companies which have kindly reduced their rates of fare to our delegates.

The following, offered by Dr. I. N. Quinby, New Jersey, was laid on the table:

WHEREAS, Fatal results do sometimes occur from physicians neglecting to write on their prescriptions how the medicines are to be taken; therefore,

Resolved, That the safety of the community requires that in all cases in which active remedies are prescribed for external or internal use, the apothecary to whom the prescription is sent be requested by the prescriber to to write legibly on the phial or other receptacle containing the medicine prescribed the precise dose or manner of using the same.

On motion of Dr. R. E. Rogers, Pennsylvania, the resolution of Dr. Reese, relative to the teaching of female students at the same hours and place with males was taken from the table and again considered. After some discussion, on motion of Dr. Edward Hartshorne, it was indefinitely postponed.

On motion of Dr. J. S. Morris, of Md., it was

Resolved, That the thanks of the Association be tendered to the members of the press of Philadelphia for their faithful reports of our proceedings.

Dr. N. S. Davis then moved that after the president had given a farewell address, the association should adjourn to meet in St. Louis on the first Tuesday of May, 1873.

The president then thanked the members for their kindness and courtesy to him, and declared the session adjourned until 1873.

EDITORIAL DEPARTMENT.

Periscope.

Practical Observations in Ophthalmic and Aural Surgery—The Uses of Atropia.

MR. ERNEST HART, late Ophthalmic and Aural Surgeon to St. Mary's Hospital, says in the *British Medical Journal*: Looking through a long list of cases, I have employed atropia drops in the course of the treatment of 1,523 out of 2,710 consecutive cases of disease and injury of the eye (a list not including, of course, affections of the ophthalmic appendages); and I pass in review a long array of cases in which I had to regret that it had not been used before the patients came into my hands. Two of the most recent consultations which I have entered were cases of injury to the eye, respectively at Paddockhurst and at Brighton, during the last month. In both cases, the treatment had been unexceptionable, except that atropia had not been used; and, though the globes have been saved, the fixed and closed irides will make the possibilities of vision depend upon iridectomy under not very favorable circumstances. In the very last consultation on a case of iritis, of which I have notes, the treatment had been equally conducted without dilating the pupil. Mercury, leeches, and lotions were in use; a darkened room and an antiphlogistic diet were all in use when I was called; but the vision was extremely misty, the pupil contracted, and the patient in proportionate danger of "false pupil" from the effusion of lymph, and of loss of sight.

Now I do not think that I shall be using an exaggerated form of expression, or going beyond the strict and well balanced weight of words which is necessary to give due force to the fact to be conveyed, if I say that we could, in the treatment of ophthalmic disease, better afford at this day, so far as our knowledge of disease and means of mastering it extend, to dispense with all other drugs, lotions, and applications put together, than with this one *topical* medicament. Let us consider what atropine does for the inflamed eye. It allays local sensitiveness, and removes local spasm; it gives to the eye and to its internal muscular apparatus—iris and ciliary muscle—physiological rest, the greatest of all curative means. Nor does it do this only, but, in dilating the pupillary aperture, it drives far from us the bugbear which long haunted the ophthalmic surgeon, and which still pursues those who are not sedulously active in the use of atropia—closure of the contracted pupil by an adherent plug of lymph, and gluing of the uveal surface of the iris to the lens. It would rob the consulting-surgeon of a great many profitable but trying operations if the atropine eye-drops were ready in every surgery, not only on all emergencies, but for the exigencies of daily practice. It is as safe a rule in ophthalmic practice to use an atropine drop when in doubt, as in whist to play a trump. I can hardly think of more than one absolute contraindication, and that is the existing oval dilatation of the iris in glaucoma.

There are, of course, also mechanical contraindications, as in peripheral wounds of the cornea with hernia of the iris, where to dilate the iris is to increase the peripheral protrusion; but even here, the moment the corneal gap is healed, atropia becomes of the first necessity. But in all cases of iritis, in contusions and injuries of the eye, in corneitis, purulent ophthalmia, scrofulous ophthalmia, and deep-seated mixed inflammations of the eye, the local instillation of a solution of atropia is the most precious of therapeutic means. The most useful strength is, I think, expressed in the formula: Neutral sulphate of atropia, two grains; glycerine, five drops; distilled water, an ounce. The frequency of the use of the drop must vary with the facility and rapidity with which it acts. Where the iris has become much inflamed before the local treatment is adopted, it is sometimes very indocile, slow to respond, and hard to dilate. Then the measure of frequency must be the amount of resistance, and perseverance must be the rule of treatment. In the treatment of keratitis and minor cases of deeper inflammations, one application a day, or at most two, will suffice; and presently, once in two or three days. It will be enough then to keep the pupil dilated, and the ciliary apparatus at rest and free from tormenting spasm. The present result of the most careful observation of the origin and cause ophthalmic disease, pursued with the advantages of the improved methods of optical diagnosis now at our command, is to simplify our treatment, and to ostracise a majority of superfluous agents of

medication. With a little cotton-wool, alum, and glycerine, hot and cold water and atropine, and a pocket-case of instruments, we can treat with a previously unattainable success nearly the whole range of ophthalmic diseases. I am speaking of local and surgical treatment. Ointments, poultices, caustics, irritants, scarifications, venesections, blisterings and setons, may be looked upon almost as things of the past. The medical, dietetic, and hygienic treatments are favorably modified, and simplified to an almost equal extent, by the intelligent study of diathetic indications; but the whole shopful of topical applications may be left aside by the surgeon who will thoughtfully apply the vast resources of the few simple agents I have named; and of them all, atropine is greatest. I will not undertake to say that mercury is useless in the treatment of some forms of (syphilitic) iritis; but I will affirm that I have repeatedly seen iritis occur and run a very severe course in patients previously and at the time already under the influence of mercury; and that, in a long series of cases which I treated by atropia and careful dieting only, and without mercury, during five years at St. Mary's Hospital, the results were so excellent that I could not affirm that they would have been improved by the most guarded and judicious use of mercury. A number of these cases were seen by my colleague Mr. Gascoyen, who took part in the experiment.

It is possible, though not easy, to abuse atropine. It must not be used, as I have said, in glaucoma or in peripheral wounds of the cornea. A case or two of troublesome constitutional symptoms, through absorption of the excess by the lacrymal mucous membrane, have been recorded. This is never likely to occur with ordinary care, and I have never seen it occur; but it may be well to bear it in mind in treating infants. The most convenient and unfailing application may be made by the use of the atropised gelatine disks which I introduced a few years since, and which are now largely used in this country and abroad. They are always ready, do not spoil by time, and are clean and precisely dosed, each disk containing as much as a drop of the solution I have mentioned.

Reviews and Book Notices.

NOTES ON BOOKS.

——A neatly got up pamphlet in the German language has just been issued by E. Steiger, 22 and 24 Frankfort street, New York. The subject matter is of particular interest at the present day; and the title may be rendered in English: "The Kindergarten in America. Origin, Character, Significance and Educational Means of Frœbel's System and its Adaptation to American Conditions. Briefly Sketched for the Use of Parents, Teachers and Lovers of Children." The principles of the celebrated German educational reformer, FREIDRICH FRŒBEL, have hitherto been only partially applied in this country, but enough has been achieved to cause them to be extensively and carefully studied with a view to their more general adaptation to America. These principles are now everywhere occupying the attention of thinking men engaged in education directly or indirectly, and they appeal to the affection and sound sense of parents in general. The pamphlet is therefore well timed; and all conversant with German will find in it a very clear exposition of the system of education it aims at disseminating.

It may be had *gratis* on application to the publisher.

——We have received from Mr. TURNER HAMILTON, 106 South 10th street, Philadelphia, some clinical charts by Dr. WILLIAM W. KEEN. Their design is to aid the surgeon and the physician, by furnishing means for the graphical delineation of diseases and injuries. They will be found useful in private practice, and also especially in shortening the work of hospital and clinical teachers and students. By means of them the various physical signs in thoracic and abdominal diseases, relative measurements, deformities, fractures, tumors, cutaneous diseases, and many cases of surgical disease can be delineated in a moment. Long verbal descriptions will thus be avoided; the eye be used instead of the ear; different cases, or the same case at different times, can be accurately compared, and by the last chart the fluctuations of temperature, pulse and respiration be more readily appreciated.

BOOK NOTICES.

Injuries of Nerves and their Consequences. By S. WEIR MITCHELL, M. D., etc. Philadelphia, J. B. Lippincott & Co., 1872. 1 vol., 8vo. cloth, pp. 377.

The observations upon which the greater part of this volume is based were made dur-

ing the late war in a military hospital, and include consequently numerous cases of gunshot wounds. To some extent they have been included in a small work on "Gunshot Wounds and other Injuries of the Nerves," by DRS. MITCHELL, MORENHOUSE and KEEN in 1864, and by DR. MITCHELL'S more recent paper on "Diseases of Nerves Resulting from Injury," in the reports of U. S. sanitary commission.

After some careful preliminary chapters on the anatomy, physiology, and general pathology of the nerves, the author proceeds to consider the varieties of mechanical injuries to nerves, and the symptomatology of such lesions. The latter he divides into remote symptoms and sensory lesions. Lesions of special names and the neural maladies of stumps are subjects of independent chapters. He is quite full upon the prognosis and treatment of such injuries, and illustrates whatever he says in the way of general statement by very accurately described cases. These are about seventy in number and include some very remarkable and characteristic exhibitions of neural pathology.

We shall not attempt to enumerate the novel and original conclusions which the author has been justified in drawing from his unsurpassed opportunities to study nervous lesions, and which have been presented in his earlier and present essays. In our space we could do neither him nor the subject adequate justice. The more earnestly do we recommend those interested in this highly important and very obscure branch of science, to peruse this and his earlier works. As an authority on such topics the author ranks among the foremost observers at this time.

The Physiological and Therapeutical Action of the Bromide of Potassium and Bromide of Ammonium. In two parts. By EDWARD H. CLARKE, M. D., and ROBERT AMORY, M. D. Boston, James Campbell, 1872, 1 vol. cloth 8 vo. pp. 178. Price $1.50. For sale by Lindsay & Blakiston, Phila.

The second part of this volume, on the physiological action of the bromides, appeared in the Transactions of Massachusetts Medical Society. That on the therapeutical action, by Dr CLARKE, is now first published. The former consists chiefly of a series of experimens, thirty in all, on man and the lower animals, the results of which are carefully discussed and stated in a number of propositions. Dr. CLARKE, besides giving a pretty complete summary of the uses of these bromides in various diseases as set forth by other writers, adds various observations from his own employment of them. His conclusions deserve to be carefully studied, and they are on the whole in favor of the drug as a valuable addition to the materia medica, although he does not concede it all the virtues attributed to it by some of its admirers.

One quality recommends it—its comparative safety. Both writers agree that no case of fatal poisoning by it has yet been known. That given on page 62 is quite certainly not to be reckoned as controverting this. The patient clearly died of cerebral disease.

The text is handsomely printed on tinted paper in clear type, and is well indexed.

The Urine and its Derangements; with the Application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional as well as Local Diseases. Being a course of original lectures delivered at University College, London. By GEORGE HARLEY, M. D., F. R. S., etc., with illustrations. Philadelphia: Lindsay & Blakiston. 1872. 1 vol. 8vo., cloth. Pp. 334. Price, $2.75.

These lectures appeared at first in detached portions in the London *Medical Times and Gazette*, and have been collected into a volume, with various additions by the writer. They are practical and eminently instructive, and together form as good a treatise on the subject as any of the many which have recently appeared. The author is well-known as one of the most able medical men of London.

The different constituents of the urine are first examined, separate lectures being devoted to the consideration of urea, uric acid, hippuric acid, urohæmatin, etc., not merely in their chemical relations, but in their clinical significance, the pathological states which are characterized by an excess or deficiency of them, the consequent symptoms, etc. Later in the course, special diseases are examined with reference to nature and treatment. Very full discussions of diabetes mellitus and albuminuria are presented, with abundant advice as to treating them on the most approved plans.

The volume lacks a table of contents, but contains a very full index, which makes amends for the oversight in some degree. The illustrations are merely of deposits, and merit no special remark. The type and paper are altogether satisfactory.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 11, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE IMPORTANCE OF SANITARY STUDIES.

It is a cheering reward for the fatiguing and unattractive labors of the statistician, and sanitary inspector, that the world outside of the medical profession is coming more and more to appreciate the value of preventive measures of disease. In England this is more visible, perhaps, than in our country, possibly because they need such precautions more there than we do here.

In an address which Lord DERBY not long since delivered at the opening of a hospital near Liverpool, he indorsed the opinion recently expressed by Mr. DISRAELI at Manchester, who, speaking on all the great questions of the day, declared that the sanitary question was at the bottom of all national well-being and greatness. "Thirty years ago—perhaps even a dozen years ago—language of that kind from a political leader," said his lordship, "would have been thought eccentric and paradoxical; now it is accepted as a fair expression of the feelings and wants of the time. This remarkable change," he went on to say, paying a graceful and well-merited compliment to our profession, "is due in the main to the collective labor of many individuals; personally, for the most part, obscure, but who have worked in a spirit of unselfish devotion to a great and useful public cause. It is to the honor of the medical profession that workers of that kind have never been rare among its members; and that, while on the one hand no class of society has so freely given its time and care for the relief of the suffering poor, so, on the other hand, no set of men have so habitually looked beyond the mere temporary relief of existing evils, or so strenuously asserted the doctrine—some people would add, against their own selfish interests—that prevention is better than cure."

In France the authorities have determined that popular instruction on hygiene and the laws of health must hereafter have a place in the curriculum of youthful studies. The Minister of Instruction has applied to the French Academy of Medicine to provide him with a programme for six lectures on the subject, to form part of the annual course in all the *Lycées* of France. After much discussion the Academy has voted the following programme: Lecture 1. Hygiene: its object and its means; on atmospheric agents in respect to their influence on health, air, light, heat, electricity, dryness, humidity, winds; the principal atmospheric changes, climate, endemics, epidemics. 2. Habitations: soil, exposure, ventilation, warming, lighting, cleanliness; causes of insalubrity. Clothing: its modifications according to age, season, climate, weather. Care of the body: cosmetics, baths, cleanliness in general. 3. Food: the nature and quality of various kinds of food; their appropriateness to ages, temperaments, professions, climates. Preserved foods: admixture and adulteration of food; dietaries. 4. Drink: potable waters and their characters; their deterioration; means of preventing and correcting it; characters and conservation of potable waters. Fermented liquors: wine, cider, beer, spirits, liquors; coffee and tea. 5. Hygiene of the senses: waking and sleeping; intellectual and manual labor. 6. Exercise and rest: gymnastic, swimming, riding, fencing, dancing.

Nothing so urgently indicates the paramount necessity of these studies as the injurious influences of the crowding of numerous workmen, etc., into cities—the inevitable result of modern industries. It is well-known that of all poisons crowd-poison is one of the most malignant. The more dense the population, the higher the death-rate.

A writer from Berlin in *The Nation* quotes some suggestive facts in this connection. He says that Dr. SCHWABE, of Berlin, has prepared a tabular view of the relative density of population in house-accommodation in the five principal cities of Europe. In London, the average number to a house is eight persons; in Berlin, thirty-two; in Paris, thirty-five; in Petersburg, fifty-two; and in Vienna, fifty-five. This comparison is fair, with the exception of London, where the size and style of houses differ essentially from the Continental system of flats. In London, rent absorbs from one-tenth to one-eighth of income; in Berlin, one-fifth to one-fourth; in Paris, over one-fourth; and in Vienna, one-third. The rate of mortality seems to follow an arithmetical progression in analogy with the ratio of tenants; thus, for every 1,000 the yearly deaths are, in London, twenty-four; in Berlin, twenty-five; in Paris, twenty-eight; in Petersburg, forty-one; and in Vienna, forty-seven. The same curious analogy runs through the ratio of illegitimate births; there are in London, four per cent.; in Berlin, sixteen; in Paris, twenty; in Petersburg, twenty-six; and in Vienna, fifty-one.

So many causes influence both mortality and illegitimacy—especially the latter—that only the crudest philosophy would generalize from these data an argument for or against a particular mode of house-building, yet the relations of the figures are too striking to be dismissed as accidental. In two ways the overcrowding of cities tends to immorality; first, among the poor, through the huddling together of the sexes in confined apartments, and, next, among the well-to-do, by making rent so formidable an item in family living that many seek an easy substitute for marriage, facilities for which are also created by the hotel and lodging system which overcrowding favors or necessitates.

The last volume of the "Transactions of the Social Science Association" (British) contains two or three valuable papers upon this subject; one by Dr. HENRY W. RUMSEY, especially, embodies the testimony of eminent physicians that the overcrowding of cities, and the overpeopling of dwellings and streets, are in themselves fruitful causes of epidemic disease and of physical and moral degradation. Indeed, men of the highest scientific authority do not hesitate to say that such overcrowding, the aggregation of such masses in small spaces, tends to the physical deterioration of the human race. Mr. GEORGE GODWIN, F. R. S., brands it as "a deadly evil." With an Englishman, of course, the first remedy is an act of Parliament: "That, as for the overcrowding of persons in a house, so also for the overcrowding of houses in a given area, there should be a limit to density of population fixed by law." Certainly, the evil is so vast and so portentous that it calls for all the wisdom of the statesman, all the research of the scientist, and all the zeal of the philanthropist to cope with it in the interest of humanity.

We should feel great satisfaction that the advance of sanitary science tends to neutralize this deterioration of the race.

Notes and Comments.

Artificial Peculiarities Hereditarily Transmitted.

DR. SEDWICK writes to the *British Medical Journal*:

"There are many cases on record in which acquired peculiarities or defects have been hereditarily transmitted by the human race. In the series of papers which I published some years since in the *British and Foreign Medico-Chirurgical Review*, on the limitation of hereditary disease, some interesting examples of such transmission of acquired defects have

been cited. Among them are a case observed by BLUMENBACH, in which a man, whose little finger of the *right hand* had been nearly demolished and set awry, and several sons, all of whom had the little fingers of the *right hand* crooked; a case observed by M. GESCHREIFHT at the Eye Institution in Brussels, of two brothers, microphthalmic on the *left* side, whose father had lost his *left eye* fifteen years before his marriage, in consequence of purulent ophthalmia, whilst serving in the army of Holland; a case observed by Mr. WRIGHT at Dover, of a lady who was frightened by a ferret whilst in a state of pregnancy—the child when born had eyes precisely like that animal; every child after that had the same kind of eyes, and they all became blind, or nearly so, about the age of puberty. The following case, recorded by G. L. DURIUS, has been already cited (*British and Foreign Medico-Chirurgical Review*, April, 1863, p. 447) to illustrate Dr. BROWN-SEQUARD'S observations respecting the hereditary transmission of acquired epilepsy: "A man, who was not born epileptic, shattered the dorsal vertebræ in falling from the top of an oak; the result of this accident was a spasmodic contraction of the limbs, which lasted for years, and was not perfectly cured when he married; his son, on attaining the age of puberty, became epileptic." There is, therefore, no need to assume, as M. BERT has done, that guinea pigs possess an "exceptional predisposition" to artificial hereditariness."

Propositions in Animal Mechanics.

The Rev. SAMUEL HAUGHTON, M. D, F. R. S., Medical Registrar in Trinity College, Dublin, announces in the English journals: The complete mathematical proofs of the following propositions will appear in my forthcoming work on *Animal Mechanics*.

1. Each muscle is constructed in relation to its joint, in such a manner as to perform one kind of work only; and it performs that work to maximum advantage.

2. The number of muscles employed is determined by the number of distinct actions required from the limb.

3. The shape and form of the bones employed are the necessary consequence of the shape and power of the muscles in action.

4. The smallest muscle in the combination is as carefully adapted to its conditions of maximum work as the largest muscle.

From these propositions, supposed to be extended to the action of every muscle and joint, it appears to me to follow as necessary consequences—

1. That a foreseeing mind planned the type of the limb and of its actions.

2. That, the idea of the limb and of its necessary actions being given, the number, shape and arrangement of the necessary muscles can be calculated and predicted with as much certainty as an astronomer can predict an eclipse.

3. That the shape and arrangement of the bones follow, of necessity, from the necessary arrangement of the muscles.

4. That any alteration, however slight, in any part of the combination of bones, muscles, and joints, would entail a loss of work, and lead to a less perfect mechanism.

5. That, hence, the permanence and stability of each species (so far as relates to bones, muscles and joints) is absolutely secured, on the principles so admirably laid down by Mr. DARWIN.

6. That the profound study of the mechanism of joints lends no support to the postulate that the similarities in the bones, muscles and joints of animals may be explained by common descent from a supposed common ancestor.

Correspondence.

DOMESTIC.

Shall we Attend the Families of Clergymen Gratuitously.

EDS. MED. AND SURG. REPORTER:

This is a question that often comes up for discussion at our medical societies, and one of which no absolute solution can be given. The physician must in all cases be guided by circumstances. The clergyman may be very poor and unable to pay. Or he may be rich or at least far better off than the physician. Rich or poor, he may prefer to pay. He may indignantly refuse services which he may not require. Such instances have frequently come under my observation. One gentleman in particular—a Methodist minister, of slender means but great independence, would not employ a physician, he said, who would tender to him gratuitous services. He did not wish to be treated as a common pauper.

On the other hand, I have known excellent divines who thought it a compliment to the physician to be allowed to attend their families for nothing. The physician was more

than requited in the fostering help of their influence. To be known as the clergyman's doctor was something better than money. And indeed in countless instances, this has proved true. How many a young practitioner whose first patron has been the village clergyman, has found it so?

Sometimes such attendance is no slight tax on the physician's time and means. Especially is this the case where, in the circuit of his daily duties, he must attend the families of several, say half a dozen of the clergy, and is expected to furnish his medicine. Such instances are not uncommon. He must not seem partial to any. He must not discriminate in favor of a particular one. Some may be abundantly able to pay, but would deem themselves insulted were the medical man to present a bill. Have they not always spoken well of him, and even recommended him to people of their parish? Or has not the mere fact of their employing him been the only needful recommendation? There are, doubtless, plenty of doctors that would jump at the chance of attending their families for nothing. So if the physician presents a bill, he never has the opportunity to present another.

For the following anecdote I am indebted to my old friend, Dr. W., of Sherbrooke, Canada. Dr. W. had for years been the family physician of one of the town clergymen. The family had been afflicted with much sickness, and the doctor had been unwearied in his attendance. In accordance with his usual custom, the doctor had made no charge, and presented no bill. At length the time came when the arduous services of the medical man were to be repaid—in the lavish bestowment of gratitude, at least. As an expression of this grateful appreciation of past services, the clergyman's lady promised a gift. "Something pretty nice" was soon to gladden the eyes of the expectant M. D.! It was currently reported among the people of the parish, that the doctor was to have a present from the minister's wife. The doctor longed to see it. It must surely be something munificent. Perhaps a piano for his eldest daughter. Perhaps a fifty-dollar easy chair for his office. Perhaps a new set of surgical instruments selected by some friend of the lady. Perhaps a splendid microscope.

The day of presentation came. What do you suppose was the precious gift—the token of appreciation of years of services? Why a paltry napkin ring, of silver or some baser metal. If I remember right it did not stand the test of good silver, and proved to be only plated. The cost was possibly $1.50!

Some excellent physicians of my acquaintance have for years acted on the policy of exacting pay for services rendered clergymen's families. Others regularly present a bill with such reduction from the full charge as they please to make. My own impression is that an account should be made of all such visits rendered. "Charge, Chester, charge," is the advice. The full account should regularly be presented, receipted or not, as the physician deems proper. If the physician's services to clergymen are to be unrequited, the latter should at least know the moneyed value of such services.

E. P. HURD, M. D.

Newburyport, Mass., May 4, 1872.

News and Miscellany.

The Georgia Medical Association.

The difficulties which have for a number of years disturbed the Georgia Medical Association have been arranged, and the profession is now at peace in that State, for which all conversant with the case will be heartly glad.

In Trouble.

The Cable from England on May 10th reported:

A man named Andrews, a druggist, has been on a trial before Baron Martin, in the Exchequer Court, on a charge of using in the capacity of a Doctor of Medicine an alleged spurious degree obtained from a Philadelphia college. The defendant was to-day convicted of the charge, and in passing sentence the Judge expressed his pleasure at what he had learned to be the fact, that the Americans were already engaged upon measures for the suppression of the institution.

The Pennsylvania Hospital.

A meeting of the contributors to this institution was held at the Hospital, Eighth street, below Spruce, on Monday, for the purpose of electing twelve managers and a treasurer to serve for the ensuing year. Mr. JACOB JAMES occupied the chair, and Mr. SAUNDERS LEWIS acted as secretary.

The report of the Board of Managers for the past year was read. It showed that the total expenses for the year amounted to $56,044.58, and the total income to $39,293 32. The number of cases treated had been 2,176. New patients received during the year 2,006. Discharged after treatment, 1,838. Out-door patients treated, 870. Patients from recent accidents occupying beds, 729.

A list of bequests and gifts received during the year was given, amounting in the aggregate to $9,565.42, which sum had been added to the capital of the institution. The report also contained an urgent appeal for immediate assistance, and stated that unless help was forthcoming it would become necessary to contract the efforts of the hospital for the relief of the sick.

The report of the West Philadelphia branch for the treatment of the insane showed that during the year there had been 295 male and

female patients admitted; 179 had been discharged, cured and improved, and 105 free beds occupied. The whole number treated during the year had been 651; the average number under treatment being 384.

Baby Farming.

The bill which has passed the British Commons, and will no doubt become law, touching "Baby Farming," provides that no person shall receive or retain for hire or reward two or more infants under a year old, to be nursed or maintained away from their parents during a longer time than twenty-four hours, without having first taken out a license. Those having such children under their care without a license will be guilty of a misdemeanor. Licenses are to be revoked when it can be shown that any child has suffered from neglect. Each death must be reported to the coroner within twenty-four hours, while a complete list of all the children who have at any time been in the establishment must be kept and be open to inspection, so that it can at all times be seen whence each child came and how it was eventually disposed of.

QUERIES AND REPLIES.

Levis' Splint.

Dr. J. G. C., of Pa., "Dr. Levis' Apparatus for fracture of the clavicle, can be obtained from Messrs. Kolbe, Ninth St., this city.

OBITUARIES.

SURGEON JOHN S. KITCHEN, UNITED STATES NAVY.

JOHN S. KITCHEN, M. D., Surgeon United States Navy, died in this city May 8th. Dr. KITCHEN was born in Philadelphia, November, 1830, and was commissioned an assistant Surgeon in the Navy on the 1st of May, 1855. His first duty was on board the United States sloop-of-war St. Louis, on the coast of Africa, from 1855 to 1858. He was next attached to the steam frigate Wabash, the flag-ship of the Mediterranean Squadron, returning home to be promoted to passed assistant surgeon in 1859, when he was stationed at the Naval Hospital at Chelsea, Mass.

He was commissioned a surgeon on the 1st of August, 1861, and was ordered first to the steamer Pocahontas, and subsequently to the steam sloop Mohican, of the North Atlantic Blockading Squadron. During 1862 and 1863 he was attached to the steam frigate Minnesota, the flag-ship of the North Atlantic Blockading Squadron, and on his return was ordered to the naval rendezvous at Boston. During 1864 and 1865 he was again at sea, on board the steam sloop Sacramento during her chase of the rebel iron-clad privateer Stonewall. He was then ordered as surgeon in charge of the Naval Hospital at Port Royal, S. C., from which he again went to the naval rendezvous at Boston, thence to the receiving ship Ohio. In 1869 he was ordered to the iron-clad Dictator, in the Gulf of Mexico, and while attached to her exhibited the first decided manifestations of the disease of which he died. In 1870 he was ordered as a member of the Naval Medical Board, in session at the Naval Hospital in Philadelphia; and finally, as surgeon in charge of the Naval Hospital at Mare Island Navy-yard, from which he was invalided in September, 1871, since which time he has been confined to his residence.

Dr. KITCHEN was actively and honorably employed, without intermission, during the whole seventeen years of his connection with the the navy, and his prematurely early death was the result of his arduous duties and exposure.

CHARLES WESTON, M. D.

Died at Nicolaus, Sutter county, California, February 25th, Dr. CHAS. WESTON, late Surgeon U. S. A. Dr. WESTON was born in Charleston, South Carolina, May 20th, 1840, and graduated in Jefferson Medical College, Philadelphia, in 1861. He then commenced practice in that city, but shortly after received a commission in the U. S. service. He received a wound in the region of the heart, while in discharge of professional duties, from a shell thrown into the hospital. The doctor came overland to California in search of health, and so far regained it as to be able to resume the practice of his profession to which he was ardently attached, and in the active duties of which he continued to within three days of his death. When conscious of his approaching end, he arranged his business for the event, and suddenly expired in the arms of a friend, of whom he had requested to be raised up in bed. He leaves a devoted wife to mourn his demise, and the community, while they sympathize with her, also feel their loss in an able and beloved physician.

MARRIAGES.

ATWELL—MOORE.—On the 30th ult., at St. John's church, Lancaster, Pa., by the Rev. Edward W. Appleton, Rector of St. Paul's church, Cheltenham, Pa., Mr. William Curtis Atwell and Miss Anastasia Ford Moore, daughter of the late Dr. George Moore, of Columbia, Pa.

GUMP—LUTZ.—March 20th, in the Lutheran church, Bedford, Pa., by the Rev. J. B. Keller, assisted by the Rev. R. F. Wilson, Dr. S. H. Gump, and Sophia M. Lutz, both of Bedford, Pa.

HAMILTON—PETTIT.—May 7th, by Rev. Thos Sproull, D. D., at the residence of the bride's parents, No. 45 Union Avenue, Allegheny city, John Hamilton, M. D., and Ms. Margaret C. Pettit, daughter of David Culbertson, Esq.

HUNT—BAKER.—April 30th, at Trinity church, Covington, Ky., by the Rev. Isaac Gibson, Rector, assisted by the Rev. C. G. Currie, of Providence, R. I., Wm. H. Hunt, M. D., and Margaretta Wager, daughter of Jno. W. Baker Esq.

NICKERSON—LOCKWOOD.—March 25th, by the Rev. S. S. Sturges, William M. Nickerson, Surgeon U. S. Navy, of Wilmington, Delaware, and Miss Ella, daughter of Thomas Lockwood, Esq., of Smyrna, Delaware.

SYPHERS—HART.—At the residence of C. P. Hart, M. D., in Yellow Springs, O., May 1st, by the Rev. D. R. Calmery, Mr. George W. Syphers and Miss Carrie B. Hart.

DEATHS.

BENHAM.—In Pittsburg, April 27th, 1872, Nellie Read, wife of Dr. S. N. Benham.

KITCHEN.—In this city, May 8th, Surgeon John S. Kitchen, U. S. Navy, aged 41 years.

MULHALLON.—In Brooklyn, May 8th, after a long and protracted illness, Dr. Wm. E. Mulhallon, in the 53d year of his age.

SANGER.—In New York, May 8th, after a long and painful illness, Wm. W. Sanger, M. D., in the 53d year of his age.

SMITH.—At his residence, in Geary, Kansas, February 13th, of disease of the heart, Dr. J. Patterson Smith, in his 59th year.

STILLE.—In this city, May 7th, Louis Sydenham Stille, M. D., in the 23d year of his age, son of Prof. A. Stille, M. D., of the University of Penna.

TARR.—At Denton, Md., May 2d, Charles E. Tarr, M. D.

WIMLEY.—In this city, May 4th, George W. Wimley, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 795.] PHILADELPHIA, MAY 25, 1872. [Vol. XXVI.—No. 21.

ORIGINAL DEPARTMENT.

Communications.

THE MEDICAL TREATMENT OF GONORRHEA.

By Gustave A. Shane, M. D.,

Of Salem, Ohio.

I recently noticed in some medical journal (the current number of the *Half-Yearly Compendium*, I believe), an advocate of the mild method of treating gonorrhea, to which I yield a ready assent, and desire to call the attention of the profession to a method of treating this very frequently rebellious disease, which, in my hands, after repeated trials in succession, has given me the most satisfactory results.

Convinced long since by a careful examination and analysis of a number of cases, that the disorder is essentially a local disease, depending upon the introduction and application of an irritant substance to the mucous lining of the urinary tract in the male, and that of the vaginal walls in the female; just such as would follow the application of an escharotic or the inflicting of an injury by mechanical means, and not depending solely upon a specific poison, the result of impure sexual intercourse, I could not conceive it to be rational treatment to saturate the patient with bal. copaiba, or subject him to the exquisite torture of escharotic and caustic injections, so lauded for their curative power in this disease, but which, on the contrary, were rather calculated, as I have observed in my own experience and that of others, to disturb the digestive function and tend toward venal and cystic complications, things always to be avoided by the sensible and thinking practitioner.

The disease being a local one, and constitutional symptoms being merely secondary, depending upon the action of the local phagmon, or, as I firmly believe, too frequently upon the use of powerful caustic injections and the internal exhibition of mischievous drugs, the treatment would naturally resolve itself into applications to the diseased part with the view of subduing the inflammatory action and the combatting of constitutional symptoms as they may arise by general means.

Every one, we presume, is familiar with the power of *cold*, in arresting and controlling inflammation in its initiative stages, and upon this knowledge I depend almost exclusively for the treatment of gonorrhea, if seen during the period of incubation, or rather that of early development; together with perfect rest in the supine position, and the administration of an alkali to secure its reaction upon the urine, thereby rendering it less irritating to the diseased parts.

But that your readers may have a more definite idea of the plan of treatment proposed, I will give the notes of several cases treated in this way by myself while a medical officer in the U. S. navy.

Case I.—R. M., seaman, æt. 22, native of Ireland, admitted Oct. 10th, 1862. Symptoms those of gonorrhea manifesting itself the third day after exposure; scalding on micturition, tenderness along the urinary tract, especially upon the bulbous portion of the urethra; considerable mucous discharge from the meatus, upon outward pressure along under side of penis. Placed patient upon his back in sick bay, and ordered a bladder filled with pounded ice to the perineum, to be removed for five minutes every half hour and then reapplied.

Prescribed internally 20 grs. bicarb. soda in half a glass of lemonade every three or four hours. No special restrictions as to diet (save that his food be such as a man doing nothing and lying in bed would most easily digest).

Oct. 11. Patient slept well, and the disease to all appearance made no advance. Upon pressing the glans between the thumb and finger a few drops of mucus appears on the meatus, tenderness along the track of the urethra very sensibly diminished; bowels moved; treatment continued.

Oct. 12. Patient slept well, appetite good, bowels moved; very slight burning on micturition; no discharge on pressure, and a barely perceptible tenderness in bulbous portion of the urethra. Ordered the ice to be applied half an hour and then discontinue the same length of time, and so on alternately; other treatment the same.

Oct. 13. Patient slept well; says he *is* well; bowels moved; no discharge, no tenderness, no pain on micturition. Ordered to light duty.

Oct. 14. Patient discharged with no reappearance of the disease.

CASE II.—J. W., fireman, æt. 24; native of Germany; admitted December 25th, 1862; ordinary symptoms of gonorrhea, pain on micturition, tenderness along under side of penis, mucous discharge; appearing the fifth day after exposure. Treatment same as in preceding case, with the exception of a saline cathartic the first day, for the purpose of unloading the bowels, as they had not been moved during the two days preceding admission. Was returned to duty December 30th, 1862. Duration of treatment, six days.

CASE III.—W. H., ordinary seaman, æt. 19; native of the United States; admitted for ordinary clap February 3d, 1863. Disease appeared on sixth day after exposure.

Treatment same as case I., with one-fourth gr. morphia first night at bed-time, followed the succeeding day by saline cathartic. Patient discharged on sixth day from date of admission free from any trace of disease.

This is sufficient to give an idea of the plan pursued.

I have notes of twenty-three cases treated in the foregoing manner, and in every instance with the results recorded, the longest time necessary to affect a cure being ten days, the shortest four, making an average duration of six days without in any instance the frequent sequence to the ordinary methods of treatment, such as stricture gleet, irritability (chronic) of the bladder, etc.

When treating this disease by the use of copaiba, cubebs, the terebinthinates and caustic injections—in the same number of cases, the maximum duration of treatment was one hundred, the minimum nine days, the average twenty-six, with six cases of the before-mentioned troublesome sequences, and the examination and analysis of cases in the hands of other practitioners, together with chronic cases that have since passed through my own hands, furnish similar results. I do not claim anything novel or original in this matter; it is but the dictates of common sense; but this I do know, that whereas I once, with my professional brethren generally, regarded gonorrhea one of the most unsatisfactory and perplexing diseases to treat, I now find, if seen in the forming stages, no difficulty in subduing it in from four to ten days without any resulting gleet, chronic prostatitis, chronic irritability of the bladder, stricture and such other things as followed the old copaiba and *squirt-gun* methods of treatment.

MIXED VAPORS.

BY T. D. DAVIS, M. D.,

Of Dayton, Ohio.

The different leading surgeons of your city all have their favorite anæsthetic, either ether, or chloroform. In none of your schools or hospitals have I ever heard the mixed vapors recommended. True I have seen ether first used, and the patient failing to go rapidly under its influence, chloroform dashed on the same sponge to hasten its action; but that is a practice which every one who understands the action of either of them will thoroughly condemn not only as uncertain, but positively dangerous.

The mixture recommended by the committee on anæsthetics of the American Medical Association deserves to be more universally known and used, its advantages being: the small quantity required; the rapidity of its action; the shortness of the stage of excitement (it often being wanting entirely); the absence of distressing after-effects; its comparative safety

over chloroform (no deaths I believe have ever been reported from it); being compounded in definite proportions it can be scientifically administered; the pungent stifling order of the ether and the burning sensation of the chloroform are to a great extent overcome; the sedative effects of chloroform are modified by the exciting influence of ether, while to both is added the stimulant alcohol.

My attention was first called to its use by Dr. J. C. Reeve, of this city, who has for sometime used it in preference to all other anæsthetics. Seeing it work so on a patient in his office I have tried it on three of my own. The first was a large mu-cular man, who had his shoulder dislocated. I administered it and reduced the dislocation without professional assistance. It required about one ounce and a-half to put him completely under its influence, but I feel sure a few drachms only would have been required if a Lente's inhaling apparatus had been used. He passed under its influence with scarcely a struggle, and awoke from it as from a sound sleep. He had no sickness of the stomach afterward whatever. From the time he commenced to take it until the dislocation was reduced and he had returned to consciousness was just fifteen minutes.

The second case was a girl from whom I removed a fatty tumor of the neck. The same quietness and rapidity of action, with absence of after-effects was observed. In the third, a stout muscular man from whom I amputated a finger, I was again charmed with its action. In neither of these two cases did I use more than ounce of the mixture to put them profoundly under its influence, although I had to administer it each time on a towel. The towel was neatly folded,and about two drachms poured on it. Holding it near the patient's face until he got accustomed to the vapor, it was gradually approached and held tight to the face around all its edges except at the forehead, thus permitting plenty of air to enter, although not enough for chloroform when given alone and too much for ether when administered separately. Of course an inhaler is much to be preferred on account of economy and convenience in adding more of the mixture as it is needed. For those who have not seen or have forgotten the formula I add it: Alcohol, 1 part; chloroform, 2 parts, and ether, 3 parts. It is easily remembered by taking the initials in the order of the alphabet A. C. E., the corresponding number of parts being 1, 2, 3.

PUERPERAL CONVULSIONS—A CASE OF PRECOCITY.

By E. Schumo, M. D.,
Of Layton, N. J.

On the morning of the 8th April, of the present year, I was requested to visit Emma T., colored, the messenger merely remarking "that she was to be confined." I reached the house about 10 o'clock, and ascertained that she had had a number of severe convulsions in rapid succession. They commenced about daylight, her mother informed me. The girl (for she was but a child) was lying in bed with her arms pinioned, breathing stertorously and totally unconscious; her pulse gave but little evidence of her alarming condition, it being normal as to number of beats and volume. I immediately bled her to the extent of about three pints. After taking over a quart of blood, she gave some evidence of returning consciousness, but doubting the propriety of stopping at that quantity, I let the stream flow until the pulse flagged. I left the house before she was able to articulate sensibly.

On the afternoon of the 11th (over three days afterward), I was again summoned. She was now in her right mind, and they said she had labor pains. I examined her, and ascertained the presentation was a proper one, but the prognosis was unfavorable for a speedy delivery, the os being thin, the vagina dry, and the pains few and far between, and by no means severe. At my next examination I ruptured the membranes, hoping the pains would thereby increase; after waiting about two hours without any improvement, I proposed instrumental delivery. Had some difficulty in getting the forceps locked, and as I expected, they slipped off; I again applied them, and this time succeeded in delivering the head. The child was dead, and would weigh, I judge, between six and seven pounds. It had been dead for some time, the epidermis having given way to a considerable extent when the forceps slipped. The poor creature had not a pain to help her, and I had to deliver the body by force. The placenta I took away with but little trouble.

Pueperal convulsions, I am happy to say, is a rare complication in this locality; it is very seldom we are called to battle with it; it is my first case since residing here. I had one other of convulsions, and she too was very young (between twelve and thirteen years), but hers I considered of an hysterical nature. I have but little doubt as to the age of the case I have just reported. Her father is an intelligent West India negro, much more so than many of our whites, and he assures me she will not be thirteen until August 29th.

The most revolting part is yet to relate, and I hesitate, and am loath to say, that a half uncle was the author of her misfortune, The girl is bright (I mean her mind.) It would seem that mentally and physically she is a precocious subject. I learned to-day (16th) that she was doing well.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of PROF. D. HAYES AGNEW, M. D.

[REPORTED BY DE F. WILLARD, M. D.]

Ununited Fracture of Humerus.

Here is a man, who comes to us from a distance and states that he received a fracture of the arm some ten months since. The treatment and dressings which he describes as employed, seem to have been appropriate, yet he has now an arm which is as useless as it was at the time of the removal of the splints. I grasp the member, and find that the lower third can be freely moved in various directions, while the upper portion remains stationary, there being a form of false joint at the juncture of the middle and lower thirds. Traction does not elicit crepitation, neither does movement give pain. The deformity is great, especially when the upper arm is moved, the lower portion at such times hanging almost at right angles.

This is then a true case of "non-union," and should be distinguished from "delayed or tardy union," since the prognosis would be quite different in the two cases. Union may be delayed by various causes, and yet it may occur at last as perfectly as in a normal case. A fracture should not therefore be considered as a instance of non-union until some months have passed, but the splints should be continued, and perfect rest secured. When all hopes of spontaneous union are abandoned, then more active measures must be adopted, which should be tried in their various orders of severity until the desired result is accomplished, beginning with the simplest and advancing to those more formidable.

The causes of non-union are various, but the more prominent ones are: mal-nutrition from poor food, air, and debility, acute febrile disease, and specific taint of the constitution. Local causes may have even a greater effect, as for instance, a large amount of blood poured out between the ends of the bone at the time of fracture; splinters of bone, or shreds of tendon or muscle occupying the same position; laceration of the nutrient artery; dressing applied too loosely or too tightly; meddlesome surgery, in the shape of frequent change of dressing, or lastly, protracted suppuration and exfoliation of the fragments.

It is quite possible that a surgeon might greatly interfere with the good union of his fractures, by the habit of attempting to elicit crepitus, or discover abnormal motion at each dressing of the case, in order to further justify his diagnosis; but such practice is bad surgery. The diagnosis should be accurately made at the onset (ether being administered when necessary, and in fact in all cases of doubt), and after this the rule should be to allow the limb perfect rest except when there is a tendency to displacement of the fragments, or danger of anchylosis of joints. This fracture is at the lower third of the humerus, a point where union ought to occur more readily, according to GUERETIN'S theory, than at the upper portion, since the direction of the nutrient artery in this bone is downward.

In non-union the difficulty is usually due not to deficiency of callus, but to want of ossification of the new material.

In old cases this intermediate structure may be found as condensed connective tissue, ligamentous structure, or cartilaginous or partially ossified callus. Upon the amount of fibrous structure will depend the degree of abnormal motion, and consequent uselessness of the member. In some cases the bones are beveled off and overlap each other, being connected by a loose ligamentous or connective tissue—in others, one end of the bone may be rounded and the other absorbed to such an extent that a little cup or socket is formed in which the other plays, forming almost a ball and socket joint, with an attempt even at a surrounding capsular ligament—an inter-articular cartilage, and finally a lubricatory fluid.

This union is similar to that which occurs in the majority of cases of intra-capsular fracture of the neck of the femur, where bony union is the exception, and an instance of which I have now to bring before you.

The patient is a man who suffered from a fracture of this form some years since, and who is now only able to move about with the aid of cane or crutch. As he places his foot upon the floor, I distinctly feel the slipping of the fragments, and although the abnormal motion is limited, yet it is sufficient greatly to

impede progression, and entirely destroy his practical usefulness.

Unfortunately we cannot effect union in these cases, but some benefit may be rendered him by an apparatus which we shall construct, designed to fix and support the parts, while the weight of the body shall be thrown upon the lower portion of the femur.

In these cases of intra-capsular fracture the want of union is due as much to deficient nutrition of the upper fragment as it is to the presence of synovial fluid; in fact when a portion of the head of the humerus is knocked off (an analogous case) it has no source of supply at all—having no round ligament as has the femur. Some of you may remember a case of ununited fracture of the olecranon process of the ulna, which appeared at this clinic some two years since, and which was evidently due to this cause of insufficient nutrition, for the olecranon when broken must necessarily, as you will see, suffer from want of pabulum, which, combined with the presence of synovial, would tend greatly to hinder a favorable union.

But to return to the man before us. Could this result have been prevented, and what shall we do for him? As to prevention we cannot justly judge, since we have no definite previous history of the case. He may have been treated by a most judicious surgeon and yet the result have been as this which you see, but certainly, in my experience, cases of non-union are extremely rare when the treatment has been properly conducted and the patient has not disobeyed orders. In the Pennsylvania Hospital, where a large number of fractures are treated every year, such a result is almost never seen.

As preventatives I should say the most essential were—accurate adaptation of the fragments at the beginning, rigid dressings, changed only with sufficient frequency to secure good retention, perfect rest and good diet, together with the internal administration of phosphate of lime when there is any evidence of preëxisting bone disease.

In this case, however, the pseudarthrosis is a fixed fact, and our care must now be to cure it. For the accomplishment of this result various means have been adopted, some good, some bad—all attaining their object in some cases and failing in others. First and foremost stands the removal of all constitutional or other causes of delay, the exhibition of tonics and the securing of immobility of the parts.

The local measures employed all look to the excitation of sufficient inflammatory action in the intermediate connecting material to compel it to go on to ossification. The simplest resort is external counter-irritation by friction, iodine, blisters, etc., together with brisk rubbing together of the two ends of the bones about once each week. In the meantime a splint should be applied to the limb, so that while the fragments are held in opposition, slight friction may be encouraged upon their surfaces. In this man's case we shall have a splint so adjusted as to keep the ends of the bone in contact, and yet allow a certain amount of movement.

Prof. SMITH'S apparatus will fulfill these ends best. After a faithful though unsuccessful trial for three months with the above-mentioned measures an operation becomes justifiable, and of these the one that I prefer for the majority of cases is that commonly known as BRAINARD'S. It consists in the subcutaneous perforation of the ends of the fragments and callus, in various directions, by an awl-shaped perforator, while but one opening is made in the skin itself. This often succeeds admirably in setting up a proper degree of inflammatory action, and a good consolidation is the result. A modification of this, or rather an addition to it, by GAILLARD, consists in carrying a gimlet shaped perforator in a similar manner through one fragment, and then passing on through the chasm imbedding it in the other fragment, thereby pinning them together. It should remain in position until union has occured.

The operation of DIEFFENBACH, consists in the driving of ivory pegs between the fragments, and permitting them to remain until they have excited the requisite inflammatory action and a proper amount of new bone has been thrown out. This plan often occasions good results, but is liable to be followed by necrosis. I may here mention, as a matter of interest in regard to the power of growing osseous granulations to dissolve dead material, that these pegs when removed show evident attempts at absorption having been made upon them. There are various other methods which are of frequent practice; as the introduction of a seton between the fragments is practiced by PHYSICK; electro-puncture (BRENNAN); stimulating injections, etc., etc.

Other methods look not only to the excitation of inflammation, but also to removal of the imperfect callus. These are, subcutaneous freshening or, secondly, cutting down upon the ends of the bone, and after turning them out, either rasping, or cutting, or cauterizing, or sawing off all the unhealthy tissue, and then suturing the surface together, or else confining the limb in a rigid apparatus.

Sub-periosteal resection, as practiced by OLLIER, with subsequent wire sutures introduced through the ends of the fragments, would probably be the most effectual of these severer means, but I believe that the risks of any of these open operations are too great to be justifiable when we have subcutaneous measures which are usually equally effective. In many cases after the failure of the milder operations, I should advise the wearing of a well-adapted rigid splint, of WHITE'S or SMITH'S pattern, rather than the resort to resection, since these instruments have often themselves effected a perfect cure.

To sum up, then: Should the union seem imperfect at the expiration of the ordinary

time employed in the treatment of a fracture, the splints should be continued, and rest insured by several additional weeks, while tonics, stimulants, good air and food are freely given.

After a month, however, a case which still refuses to knit may justly be called one of non-union, and external counter-irritation with blisters, or iodine be employed, a starched or plaster-of-Paris bandage, or a leather splint, or an appropriate apparatus being constantly applied, and friction of the ends of the bones occasionally practiced. Still unsuccessful, perforation of the fragments will usually secure a good result, especially if the ends be pinned together by carrying the gimlet through both bones.

Foreign Body in the Intestinal Canal.

The next case is that of a little boy whose mother says that he swallowed a small clock-wheel, of the size of a nickel, some three weeks since, and that it has never been passed from the anus. She seems positive in regard to the truth of both statements, yet you should always be careful in regard to such reports, since mistakes are easily made.

Children are exceedingly fond of disposing of foreign bodies, as buttons, beans, pennies, etc., by inserting them into any of the various outlets of the body, and in young children the mouth is the most common receptacle. When such a body passes into the stomach it is the custom of mothers, and often of physicians, to immediately administer a brisk cathartic, but such a procedure is bad practice. It is better to let the object remain until it has become coated with mucus and fauces, when its angles and asperities will be so covered that the consequent irritation will be far less than it if is hastened forward at once.

It is but rarely that its presence in the alimentary canal does any harm, and your assurance should be given to the friends that no danger is to be apprehended. After three or four days a mild dose of oil may accelerate its progress. It is surprising how a large body will make its way without injury to any of the parts, and yet there seems to be but little need of fear, since any object will pass the pylorus, which has succeeded in entering the cardiac orifice of the stomach. True, tiphlitis may sometimes occur from the irritation produced by the dropping of a small object into the entrance of the vermiform appendix, and even perforation and death, but such cases are extremely rare, when we consider how many children are daily swallowing such articles as I have named, or the pits of fruits, etc. Large quantities of such materials may be found in the intestines. I remember a case which I examined some years since (a subject in the dissecting room, with no history), in whose intestines I found long rolls of bandages, some of which had unwound as they passed down, and were found extending through the bowels for yards; a pair of suspenders, straw, hay and a variety of other articles.

The presence of these bodies had excited an inflammation of the cæcum, where some of them had lodged, and nature had already attempted to get rid of them by the establishment of an artificial anus, the intestines having become adherent to the abdominal parietes, and ulceration having already commenced. It is needless to state that the patient had been insane.

[The mother was directed to administer a mild cathartic, on the following day to watch each passage from the bowels, and to return with the child if it showed any symptoms of intestinal irritation.—De. F. W.]

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[Essay by H. B. Noel, M. D.]

Apoplexy.

The subject of this essay is one of the few diseases about which most medical men have already formed definite opinions; and, having adopted a pathology and etiology, are ready to boldly define their position and defend it by quotations from numerous authorities, and by deductions drawn from individual experience. Yet the medical literature of this disease gives us one of the most admirable illustrations of "currents and counter-currents" in the pathology, etiology and treatment of morbid conditions.

One has but to compare the writers of France and Germany, or England and America, to find himself entangled within a maze of contradictions, all founded upon direct observation and supported by facts of the most plausible kind obtained at the bed side. It is a sad commentary upon our profession, but not the less true, that such men as Niemeyer and Trousseau of the Continent, and Aitken and Tanner of England, should occupy grounds so diametrically opposed in etiology and pathology, and yet converge so very nearly to a common point in the treatment of this grave lesion.

A few quotations from these authors will enable me to develop fully this antagonism. We will begin with Trousseau, *Lectures on Clinical Medicine*, vol. I., sec. 1, 2, 3: "Apoplexy is not to be confounded with hemorrhage." "Cerebral hemorrhage rarely sets in with apoplectiform phenomena, properly so called." Trousseau asserts that he never saw a sudden case of apoplexy from cerebral hemorrhage; his language is this. "But in no single instance, I repeat, have I seen a man with cerebral hemorrhage struck down as by a blow, and dropping instantly in a state of unconsciousness." (Vol. I., page 87). Again: "The existence of cerebal congestion is not contested (*i. e.*, its possibility in some diseases); but it has been singularly abused in order to

explain cerebral phenomena in the production of which cerebral congestion plays no part whatever. Sudden and transient fits of apoplexy are among these, and the so-called apoplectiform cerebral congestions are oftener connected with epilepsy than is generally believed." And Trousseau endorses Brown-Sequard in the anemia of the cerebrum during epileptic fits.

The following quotations are from Niemeyer, vol. II., page 197: "Another series of symptoms in cerebral hemorrhage, which is called a stroke of apoplexy, and is only absent when the hemorrhage is slight, do not depend directly on the local injury of the brain, but on its effects on the rest of the brain." "The stroke of apoplexy rarely develops gradually, and probably only does so when the hemorrhage occurs slowly; in most cases it comes on suddenly, and the patient falls to the earth (often with a cry) as if knocked down." One more quotation from Niemeyer is necessary, and I will then call your attention to a most significant fact. Says Niemeyer: "We refer the apoplectic fit to sudden compression of the capillaries, that is, anemia of the brain substance." In plain language, he means simply this: that the effused clot or mass of blood acted upon by the "vis a tergo" from the artery is superior to the force in the capillaries, and therefore causes capillary compression around the effusion, which is transmitted through substance of the brain upon that side, and this compression causes capillary anemia, and hence the apoplectic fit. From the above statements it will be seen that Trousseau and Niemeyer hold opposite views as regards the influence of cerebral hemorrhage in apoplectiform attacks; and also in regard to the suddenness of the attacks; in fact no two authors could be more widely apart. Trousseau does not even think that congestion, much less hemorrhage, is necessary to an apoplectic attack. Niemeyer thinks that hemorrhage of a rapid and extensive character is necessary, and yet both arrive at one final conclusion that anemia of the brain is necessary before the attack can supervene. This is a remarkably strange position for two such eminent men to occupy. Yet the facts are as stated, and I am glad to say that I coincide with their conclusions, while I regret my inability to harmonize the processes by which the result was attained. Incredible as it may seem, yet it is only too true, that such able minds have arrived at the really practical fact of the case, and yet left us no substantial premises for this most excellent and desirable conclusion. We have the conclusion as a basis for a rational therapeutics, but we are unable to understand how they arrived at such a point. A curious fact in regard to both Trousseau and Niemeyer is that both have ignored two most important factors in the circulation, viz.: (1) The influence of the vaso-motor nervous system, by which the caliber of arteries is regulated; (2) The force of osmosis, capillary attraction and the nutritive assimilation.

It would seem that any one must know, that if there be a guiding and restraining nerve force always regulating the caliber of the arteries through their muscular coats, and these arterial walls be diseased, that any force or cause which should suddenly cause a withdrawal of this *tonic* influence must necessarily enlarge the caliber and increase the pressure and threaten small branches with rupture. And certainly that force of histogenesis and histolysis resident in the tissues, and so well described by Carpenter, Draper, Virchow and Paget, might have been invoked to aid in the explanation of "cerebral anemia" when spasm of arterial coats and hemorrhagic clots are clearly insufficient to account for all the phenomena of sanguineous, serous and nervous apoplexy.

Aitken defined apoplexy to be "A disease essentially characterized by the loss, more or less complete, of volition, sensation, perception and motion, depending on sudden pressure on the brain (the tissue of which may be morbid) originating within the cranium." Yet Dr. Aitken acknowledges that in many cases of death no evidence of extravasation is found, and in a number the fact of congestion even is assumed but not proven, while in others the small size of the clot precludes our assigning pressure as the only cause of apoplexy.

But he afterward, following in the rear of Sieveking, Wood, Bright and others, gives some unknown morbid condition of "nervous tissue" or "nervous matter" and its blood vessels as the cause of the apoplectic seizure.

Tanner defines it thus: "It is a state of coma occurring suddenly from pressure upon the brain; the compressing power having its seat within the cranium." Following Abercrombie, Tanner adopts the *simple*, with no *post-mortem* lesion; the *sanguineous*, a clot as the lesion; and the *serous*, with serous effusion in the ventricles or beneath the arachnoid.

Prof. Austin Flint, Sr., of New York, may be taken as an average authority in America, and the opinion advanced by him is a particolored admixture of many others; and though he adheres to the congestive and sanguineous varieties, the serous and nervous forms he thinks are more or less *uræmic*; but this "uræmic coma" that so closely simulates apoplexy, is it due to congestion, extravasation, or "nerve tissue" poisoning? And if due to "nerve tissue" poisoning what becomes of the "elements of pressure" so industriously brought forward by such varied writers?

I wish here to enter a protest against this much abused idea of pressure. It is one which to be maintained has caused its advocates to rake every possible and impossible corner of the medical field, and to adopt the wildest and most untenable hypotheses in explanation of clinical facts. From all this confusion

of ideas and useless verbiage we obtain a few absolute truths.

1st. That apoplectiform attacks—even when fatal—do not leave appreciable leison.

2d. These attacks are often accompanied by cerebral hemorrhage and clot formation.

3d. That serous infiltration is often found in fatal cases, but its relation to the case is unknown.

Any definition of apoplexy which makes pressure an essential is, in my opinion, faulty, and in every single instance the writers have deserted their platform and have in many cases brought in the bold-faced contradiction in terms of "nervous apoplexy." The aberrations from the old and received views culminated in Trousseau, who believed in apoplexy without even congestion, much less extravasation. This whole trouble has originated, I think, from two causes, viz.: I. That the vis a tergo of the heart is sufficient to account for all the phenomena of the circulation. II. The utter ignoring of the action of the vaso-motor nerves and their ganglia, *i. e.*, those nerves which determine the caliber of the arteries. There are two facts which we have been slow to learn: the one is, that a gland or any organ is supplied with more or less blood according to the demand made by this gland or organ, and these demands and their fulfillment alike pass through the vaso-motor nerves, irrespective of any increased action upon the part of the heart. It is only increase in the arterial caliber, not any increase in the ventricular contractions. The other fact is, that these demands depend directly upon the histogenetic and histolytic processes in the gland or organ; and "osmotic action" with "capillary attraction" are two most powerful and ever present factors. That, therefore, in a physiological condition the amount of the blood in the brain is to be determined by the processes going on in the brain. Suppose now we have disease of the sympathetic or vaso-motor ganglia, which regulate the supply of arterial blood to this organ: we might have partial paralysis of the ganglia with evidently dilated arteries, and the brain inundated, with no disease of the brain substance proper; or we might have irritation of these ganglia and a contractile influence thrown upon the arterial coats, with the direct result of narrowed caliber, diminished supply and acute anemia of the brain substance, as is seen in epilepsy, and, as Trousseau asserts, in many cases of apoplexy. Certainly the experiments of Brown-Sequard, Bernard, Dalton and others, on section of nerves and destruction of the ganglia in rabbits and other animals, justify us in forming such conclusions and thus explaining many otherwise obscure phenomena. Again, abnormal "osmotic action" in the brain, or abnormal "capillary attraction" from aberrations in histogenesis and histolysis might develop a force far exceeding the power of the left ventricle, and might render its most powerful efforts ineffectual, or even determine extensive effusions, lacerations, etc.. when the ventricle itself would be impotent for the production of such a result. We can also conclude that when such congestions from vaso-motor aberration and abnormal osmosis do occur, that they might be sufficient to produce even death, *i. e.*, somatic death and death of the heart. Yet molecular life, continuing for some hours afterward, the force of nutritive assimilation would readily pass on the blood through the capillaries to the veins, and the autopsy on the following day might show capillary anemia and venous plethora, as is so often, so very often, found in our *post-mortem* examinations. This absolute fact depends upon the truth that somatic and molecular death are not simultaneous; therefore, after arterial circulation has ceased, the capillary continues, and stops only with the approach of molecular death.

LITERATURE OF THE ETIOLOGY.

Niemeyer believes that it is produced by—

1. Degeneration of the arterial coats.
2. Hypertrophy of the left ventricle.
3. Shrinking of the brain from atrophy, etc.
4. Heavy dinners and violent emotions.
5. Old age, etc., play important parts in the causation.
6. Valvular affections of the heart, and renal disease.

Aitken and Tanner give as causes—

1. Immoderate use of liquors, tobacco, opium.
2. Plethora from suppression of old discharges.
3. Degeneration of arterial walls.
5. Excessive eating and mechanical violence.
6. The change of life.

To this list of causes I propose to add two more, viz.:

1. Neuroses involving the sympathetic ganglia of the brain and cervix.
2. Abnormal histogenesis and histolysis of brain substance proper; as shown by local congestions, softenings, etc.

The symptomatology embraces (1) prodromic symptoms; (2) those of invasion. Trousseau, Tanner, Aitken and others believe the prodromes to be of frequent occurrence; while Niemeyer and others believe the attack to be much more frequently sudden and unheralded. The forewarnings are fullness of the head, headache, flushings, throbbings, dimness of vision, ringing in the ears, numbness of the upper or lower limbs, formication, partial paralysis, repeated hemorrhage from the nose, and, I will add that in some few cases restlessness, sense of discomfort, vague feelings of oppression, impending trouble, etc., have preceded the attacks. Symptoms of the attack: There may be sudden loss of consciousness, motion, power, etc., with flushed face, full pulse, stertorous breathing, etc.; or sudden headache, nausea, vomiting

gradual loss of consciousness, and syncope, deepening into profound coma; or there may be sudden paralysis without loss of consciousness, and this may or may not run gradually into a true apoplectic stupor. There are many blendings of these three, though typical causes of each kind are often seen.

The prognosis is grave or not, according to the amount of paralysis, kind of coma, continuance of profound insensibility, difficulty of swallowing, etc., but a guarded opinion should always be given, as for 10 or 15 days the hemorrhage, in severe cases, is liable to recur and the clot acting as a foreign substance may give rise to inflammation of a more or less dangerous character, with fever, delirium, etc. After an attack, mild or severe, it is always well to look out for fever and inflammatory symptoms, and to caution the patient in reference to them.

Treatment: Fortunately for our patients, amid such a confusion of theories, we have at last arrived at a somewhat settled therapeutics. Bleeding, either by venesection or leeches, is rarely practiced now, but in some few instances most authorities agree that it is called for, as in cases where death seems to be threatened by coma with a full hard pulse, throbbing carotids, hot and flushed face and purplish countenance, in a person of full habit. But otherwise it is not indicated and always does harm. Trousseau opposes bleeding in all cases and prefers placing the patient in the sitting posture and using cold applications to the head, mustard foot-baths, etc. He claims a greatly lessened mortality in his practice since the rejection of blood-letting. Few authors now advocate general bleeding except in special cases, but all agree in the efficacy of revulsives, cathartics, enemata and quiet. The treatment appears to be condensed into this: cold to the head, sinapisms to the chest, thighs, arms, etc., mustard foot-baths, a good active cathartic or a purgative enema; then during reaction rest and quiet absolute, with good but simple and nutritious diet.

After the danger is over, blisters or pustulation on the neck are often useful as counter-irritants against chronic inflammatory troubles; but these chronic sequelæ whether inflammatory, paralytic or of other nature, require special treatment different from that of apoplexy proper.

Editorial Department.

Periscope.

Medical Treatment of Disease.

In a lecture on this topic in the *British Medical Journal*, Dr. J. H. Bristowes gives his treatment as follows:

Pneumonia.

Pneumonia is a malady of frequent occurrence; one, with the symptoms and progress and morbid anatomy of which, all reasonably well educated practitioners are thoroughly familiar; and one which had been subjected to all varieties of treatment. In this, as in all inflammatory affections, the general tendency is undoubtedly toward recovery; although here, as in other similar cases, it certainly sometimes happens that, owing to the intensity of the attack or to the feebleness of the person attacked, or to the coexistence of complications, the patient dies before the malady has reached its turning point, or it may be even during the period of convalescence. The most opposite plans of treatment have been found by their respective advocates successful in curing the disease. For a long time bleeding was regarded as the only effectual remedy; and, in this belief, large quantities of blood were removed daily by phlebotomy, until, in fact, the patient was reduced to a condition of extreme debility and anemia; and yet (and I think I may venture to say, notwithstanding all this) pneumonic patients seem to have recovered in large proportion. More recently the mercurial and antimonial method of treatment was largely followed. I recollect that my teachers at St. Thomas' Hospital, as a rule, carried it out thoroughly; and in my own early days of practice, in the hospital and elsewhere, I acted under the influence of their teaching. To the best of my belief, and I could support my belief by figures, this practice was again so far successful that the great majority of patients recovered. Dr. Todd undoubtedly deserves the credit, which his pupils claim for him, of having proved that alcoholic stimulants may be administered freely in inflammatory diseases, without adding to the fever present, and without other injurious consequences; and he, and his followers, treated pneumonia mainly by the administration of alcohol in large quantities; and here again, if we believe the testimony of witnesses and of statistics, the percentage of recoveries was high enough to satisfy the most sanguine. But surely it is not unnatural to suppose, when so many plans of treatment, essentially different in their principles, have all appeared to accomplish the same end, namely, the cure of a very large proportion of the patients who have been subjected to them severally, that the essential course of the disease, its progress toward recovery, is independent of the specific measures employed, or, at least, so far independent that the remedies effected

nothing beyond a little delay or a little hastening of that progress—differences which would scarcely leave their mark in statistical tables, and would be still less obvious in comparisons made between our simple recollections of what have been the results of different plans of treatment which we have witnessed or carried out. And, indeed, so much has this skeptical view of the treatment of pneumonia found its way, during the last few years, into the minds of medical men, that a considerable number of them have adopted the expectant or (so far as medicines are concerned) the do-nothing treatment. Dr. Hughes Bennett especially has made himself the champion of what he calls the "Restorative treatment of this disease;" a treatment which consists in the abstention from drugs, and the administration of food and stimulants; and if his statistics mean anything, they mean that his success has been something quite remarkable.

I have myself, during the last ten years, given up all special medicinal treatment of pneumonia, all treatment, that is to say, aimed at cutting short or curing the disease, and have contented myself with giving such occasional doses of medicine as some urgent or distressing symptom has required for its relief, and sustaining the patient with so much easily-digested food as the stomach could be got to retain, and such an amount of alcoholic stimulant as seemed to me to be admissible or desirable; and certainly, to the best of my belief, my latter patients have got as rapidly well as my former patients did, and have recovered in as large proportion. I may add that, during the last year or two, I have in many cases, experimentally, refrained altogether from alcohol, excepting during the period of convalescence, and, so far as I can judge, without any diminution of success. Of course stimulants are sometimes essential, and in large quantities. I recollect a young man who was under my treatment with double pneumonia, in the year 1862; and who, early in the disease, presented exceptionally severe symptoms, such as delirium, feebleness of pulse, subsultus, and other indications of extreme prostration, and whom I first treated simply with soda-water and a small amount of stimulus. I found out soon, however, that he had been a stoker at one of our large breweries, and had habitually drank five gallons of beer daily; and I ordered him at once, not five gallons, but still a considerable quantity of beer and some gin, with (as might be supposed) immediate beneficial results. But such cases are, of course, exceptional, and exceptional cases need exceptional treatment.

Rheumatism.

A special interest has attached to the treatment of *acute rheumatism*, ever since the well-known paper of Sir W. Gull and Dr. Sutton was read, three or four years ago, before the Royal Medical and Chirurgical Society, in which they endeavored to show, by comparing the results of a series of cases treated by themselves, with peppermint water, with series of cases treated in other ways, that a mere expectant treatment was quite as successful in its results as other plans of treatment of greater pretentions. Rheumatism, like pneumonia, is a disease which arises from exposure to cold, or perhaps rather cold and damp; but it differs from pneumonia in this important respect, namely, that while pneumonia tends to run a certain definite course, marked by the morbid processes which are going on in the lungs, rheumatism begins with inflammation of a joint, and is continued more or less indefinitely by successive outbreaks of inflammation in other joints, and in the fibrous tissues of other parts, including that of the heart; often breaks out anew when it had appeared to have subsided; and often assumes a chronic character. Indeed, this is a strong reason to believe that in this disease each local inflammation (which is rarely very intense, rarely much prolonged, and rarely suppurative) acts as the starting point of new complications; that at each such spot some poisonous material is developed, which, being absorbed by the lymphatics or veins, is received into the circulation, and then infects remote susceptible parts. It has been assumed, though apparently on insufficient grounds, that there is some peculiar relation between rheumatism and the development of lactic acid in the system; and that the continuance of the disease, the acidity of the urine, and the acridity of the perspiration are all connected with this development; notwithstanding (as Dr. Garrod shows) that the blood continues alkaline in rheumatism, and that the perspiration is less acid than in health, and notwithstanding that the urine is only in a comparatively small degree more acid than in its normal condition.

Now, for rheumatism, even, more than for pneumonia, numerous drugs and numerous plans of treatment, propose on theoretical grounds, or accepted in defedence to experience, have been used, are still in use, and are relied upon by medical practitioners. Which of these remedial agents is the most efficient, on which can most reliance be placed? Bleeding, mercury, iodide of potassium, colchicum, opiates, lemon-juice, nitrate of potash, bicarbonate of potash, hot baths, blisters and other forms of counter-irritants applied to the inflamed joints, these and many other drugs and other remedial measures may be enumerated; and, so far as I know, a fair average of success has attended the use of each; each, at certain times and in certain hands, has certainly been accredited with so-called "successful" results. But it is even more difficult here than in the case of pneumonia to judge fairly of the success of treatment, partly because of the great irregularity which marks the usual course of the disease, and partly because we are apt to judge of our success or non-success according

as the heart escapes or becomes implicated. One claim asserted on behalf of the alkaline treatment by Dr. Fuller, and supported statistically by Dr. Dickinson, is that heart-disease rarely, if ever, comes on after the urine has been rendered alkaline; but that fact is not admitted by other observers, nor ought it to be admitted except as an accidental feature in a certain series of cases, unless it can also be shown that all tendency to the migration of inflammation ceases at the same time. But that is not asserted, and is most certainly not the fact. A similar claim, with regard to the prevention of heart disease, is put forward by Dr. Herbert Davies on behalf of his blister treatment, and the claim is, of course, of equal value. And, if my memory serve me, nearly every other plan of treatment which has been fashionable of late years, has been attended by the same happy result. Another claim asserted in favor of the alkaline treatment is, that it shortens the total duration of the disease; a claim which has equally been asserted in favor of all other plans of treatment. And here again statistics are brought forward in proof; statistics which would show that the duration of the disease, under any one plan of treatment, is shorter by a few hours or a few days than its duration is under all other plans of treatment. Of course we must all admit that, if any remedy curtail the duration of rheumatism, and prevent the occurrence of rheumatic heart-disease, that remedy is curative and acts as a specific against the disease. But I fancy that very few of us, looking back to our experience of rheumatism, will concede that any such remedy has yet been found; that very few even of those amongst us who believe we have some control over rheumatism through the agency of medicines, will pin our faith to any one drug; and that most of us will entertain a very wholesome suspicion of the value of statistics in settling the point at issue. It is curiously illustrative of the value of statistics, that the cases which Sir W. Gull and Dr. Sutton have published and tabulated, in order to show the success of peppermint-water, have been reanalyzed and retabulated by Dr. Fuller to prove that they are wrong. For my own part I may venture to say that I have, for some years past, been slowly arriving at the same opinion in regard to rheumatism as I have expressed in regard to pneumonia; and on looking over long series of cases treated on different plans, I have been struck with the little essential difference of result which they manifest. I believe, in fact, with Sir W. Gull and Dr. Sutton, that we have no remedy which is capable of curing rheumatism. I may add here, that the observations on the treatment of acute rheumatism and acute gout by rest and ease, made by Dr. Sibson, in his address on Medicine, delivered before the British Medical Association in 1870, seem to me most valuable. He shows conclusively, I think, by a large array of facts, the insignificant importance of drugs, the immense importance of hygienic measures in the treatment of the former disease; and, in reference to this matter, he arrives at conclusions in which, for the most part, I cordially concur.

Effects of Prussic Acid.

Dr. ARMORY of Boston, Mass., in the *Practitioner*, from some experiments deduces the following summary of the pathological effects of prussic acid:

1. Artificial respiration does not prevent the intoxication of Prussic acid, nor does it materially assist in the elimination of the poison; consequently, means directed to the institution of artificial respiration in cases of poisoning from this drug are unnecessary for the protection of life.*

2. Artificial respiration will prevent the occurrence of convulsions, or of muscular spasms which follow the absorption of this poison in a dose of sufficient quantity to endanger life.

3. Muscular irritability and nervous conductibility are not impaired by the intoxication caused by this drug in cases where artificial respiration has been maintained, until after the cessation of the cardiac pulsations.

4. The static congestion of the pulmonary tissue is either a *post-mortem* symptom, or is due to the asphyxia which has been considered by some experimenters as one of the causes of death in cases of poisoning by prussic acid.

5. Death by this agent is due to some other cause besides asphyxia; and it may be suggested that the fundamental cause is a state of blood-poisoning, due to some alteration of either the physical or the chemical condition of the blood: which of the two, it is not our purpose here to discuss.

6. The apoplexy in the encephalon and spinal cord noticed by Tardieu† as an anatomical lesion due to the intoxication produced by this agent, is probably referrable to the asphyxia, secondarily induced, and not to the direct action of this poison. The same condition has been observed in animals dying from asphyxia produced by other‡ causes, as by nitrous oxide§ and by chloroform. When asphyxia is not present in a case of poisoning from prussic acid, no very marked apoplexy or congestion is noticed *post-mortem*.

There are some points connected with the preceding experiments worthy of notice, the discussion of which would exceed the limits of the present article. Without attempting to enter very fully in its discussion, attention is simply directed to one of these points.

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*Ammonia may stimulate the capillary circulation; but if this is the object desired, it could more advantageously be carried out if the solution of ammonia were directly introduced into the circulation by the hypodermic syringe.

†Tardieu, "Etude Medico-legale et Clinque sur l'Empoisonnement," p. 1036. Paris: J. B. Bailliere, 1867.

‡Tardieu, "Etude Medico-legale sur la Pendaison" pp. 220, 307, &c.

§"New York Medical Journal," August 1870, p. 17.

It is generally* supposed by toxicologists that rigor mortis ensues very early after death from hydrocyanic poisoning, viz.: within two or three hours; whereas, in the three experiments above detailed, the phenomenon did not occur for several hours subsequent to death.

Brown-Sèquard and Stannius, working independently of each other—the former at Paris, the latter at Rostock—discovered that in the living animal muscular rigidity, similar in every respect to rigor mortis, could be induced in the lower portion of the body within two or three hours after cutting off from those parts their supply of arterial blood. These two experimenters, both considered that rigor mortis ensued at the final vital effort of muscular contractility. They found that by supplying with oxygenated blood the muscles affected with rigidity, the spasm could be relaxed, and would so remain as long as this artificial supply was maintained, even though the temperature of the injected blood was 20° Fahr. below the normal temperature of the living animal.

In men killed suddenly by some accident, such as by a bullet penetrating the brain, after a period of active muscular exercise, muscular rigidity ensues† within a remarkably short time after death; also in persons dying from the effects of an exhausting disease, as phthisis, or after convulsions, rigor mortis usually occurs within a short time after death.

In men and animals previously in good health, suddenly killed by a poisonous dose of strychnia and prussic acid, rigor mortis sets in quite speedily after the cessation of life. May it not be that a carbonization of the blood, an engorgement of the vascular system with deoxidized blood, predisposes to the early appearance after death of the rigor mortis?

In my experiments there was little, and in one case no tendency to convulsions previous to death, nor was death preceded by muscular spasms. Was this not due to the maintenance of artificial respiration until the cessation of cardiac pulsations?

Dr. Brinton does not assert that the muscular rigidity occurring instantaneously after violent death from bullet wounds penetrating the brain, is the same as that generally known as rigor mortis. He mentions, however, that "cadaveric rigidity occurs in animals hunted to death or which have died from fighting." In such cases a great degree of muscular activity consumes the oxygen in the blood; and when death occurs, the blood is to a greater or lesser extent deoxidized. Prof. Brown-Sèquard‡ shows most conclusively that the early appearance and short duration of rigor mortis depend upon the diminution of muscular irritability. Consequently the early appearance of rigor mortis after death from poisons causing convulsions, is undoubtedly due to the diminution of muscular irritability from over-exertion and exhaustion during the convulsions. If these convulsions are prevented by artificial respiration, muscular irritability will last longer after death, and the rigor mortis be delayed.

* Tardieu, op, cit.

† John H. Brinton, M. D., "Amer. Journ. of the Med Sciences," Jan. 1870, p. 37 et seq.

‡ Croonian Lecture, "Proceedings of the Royal Society," May 16th, 1861.

The Use of Tobacco.

Dr. T. L. WRIGHT, of Bellefontaine, Ohio, says in the *Cincinnati Lancet and Observer:*

The injury arising from the use of tobacco is to a great extent negative, although, as a deleterious agent, we will see tobacco exerting sometimes very positive influences.

It would be curious, if it were not pitiful, to fully know what sublime schemes, what profound thoughts, what plans—wide as humanity and deep as the foundations of civilization—have melted away and vanished through the dreamy imbecility induced by tobacco smoke. Yet, when the enervating influence of the pleasing siren has passed off, the young and the ambitious, or, it may be, the old and wise, start once more into activity and seem about to realize, in actual fact, their cherished and noble ideals, when once again, and yet again, forever, the soothing influence of tobacco beguiles and deludes, like a silent dream, every faculty of action and every impulse of energy. Thus postponement, and procrastination, and tobacco dim the brightest intellects, and weaken the pulsations of the noblest hearts, until suddenly, all at once, old age is here. The years of brightness, and promise, and youth are passed and gone, and the "night when no man can work," has come.

Tobacco seems to act primarily upon the organic nervous system, depressing all its functions, as the nutrition of the body, the circulation of the blood, and even the reproductive powers. The influence of tobacco upon the action of the heart, when it is used in undue quantity for a long period of time, is very peculiar, and is well deserving of notice. The heart displays, in time, more or less irregularity in its action. This is evinced in palpitation, in tumultuous motion of that organ, especially when lying upon the left side, confining the space of its action. There may be a loud and thumping sound of pulsation. There is sometimes a gurgling or squirting sensation in the region of the heart. Not unfrequently there is very prominent, upon the slightest mental excitement, a distinct sound about the heart, as of rubbing leather, that is, a creaking sound with every heart beat, like rubbing upon glass with the finger. These symptoms are attended at times with a sense of vertigo or dizziness, and a person so affected often feels that it is safest to sit down a little while to prevent his staggering or even falling. The eyes sometimes feel as though they were fixed in the head immovable, and perhaps crossed, and the person affected wonders in his own mind if he

does not present a singular appearance to beholders.

All this time the pulse varies. It is always feeble, frequently rapid, "a nervous pulse;" but very often, indeed, irregular and greatly intermittent. Sometimes it is very rapid for a few seconds, then slow and labored; now a heavy throb, again a few hurried, thread like, and very faint pulsations, scarcely, indeed, perceptible, and anon, a stop altogether, until the patient, frightened and greatly concerned—if he is at all attentive to his pulse—lets go the wrist lest his increasing anxiety culminate in his dropping dead. Sometimes he may fall dying. This is a form of heart disease entirely owing to the abuse of tobacco.

In the attacks of prostration, to which allusion is made, the heart is possibly, after many years of conflict with an insidious poison, finally subdued. It is almost powerless, while the brain as a consequence suffers from a deficiency of blood. The face is deadly pale. The end of the nose is cold and pinched. The patient sighs feebly and gasps for breath. He sinks, wonderfully limp and white, close to the bed. A gulping effort to vomit, frequently unsuccessful from sheer prostration, is followed by a state of unconsciousness resembling death. This condition of *syncope* is worse than ordinary fainting. Where the presence of nicotin, or tobacco poison, is universal throughout the system, there is much to contend with in addition to the state of simple fainting. This prostration, sometimes fatal, tells a long story, and to many a plain one, of the slow entrance, but at length universal prevalence of the poisonous principle of tobacco—nicotin—in the system.

It is plain that here is a condition that it will take a considerable time to rectify. To ever recover so far that a recurrence of the fearful symptoms above described shall not be, at any and every season, impending, implies a complete revolution and reproduction throughout the whole structure. Long time, suitable remedies, proper nutriment, and an entire abandonment of the use of tobacco will—assisted by the process of interstitial substitution of healthy substance for poisoned atoms—accomplish the desired object. Until that point is clearly attained—and it will require from one to three years to effect the complete "casting out" of the evil spirit—it will be found that every cigar smoked will threaten, in some degree, to bring on an attack syncope. It is surprising to see how *fearful*, so to speak, the system has now become of tobacco, although it seemed once to be absolutely impregnable to its assaults.

It is clear from the foregoing, if true, that the habitual use of tobacco, even when its most distressing effects are not reached, is merely a slow but certain process of dwarfing, or belittling, a man, both in an intellectual and moral sense. The vice of intemperance is incomparably the more lamentable, when considered beside the habit of using tobacco. Drunkenness is utterly destructive to any and every one of the better characteristics of the human mind, and heart, and body. To compare, in an unfavorable manner, the slave of tobacco with the slave of alcohol, is so manifestly unjust, that the habit of tobacco using acquires a certain title to respect, as something falsified and persecuted.

That people should become addicted to the tobacco habit at all, is only to be explained by the fact that folks often desire to escape from themselves. Habit takes the place of thought; it usurps the throne of intellect. In our own country especially, where the excitement of politics is so frequent and intense; where the weak-minded and the ignorant, as well as the intelligent and intellectual, are so frequently whirled into an abyss of passion, with little but excited and perverted feeling for director and guide, there is little reason to be surprised that so many resort to the quieting, pigmy-making properties of tobacco for relief.

And yet to the oppressed in every country and clime; to those whose bruised hearts throb in anguish; whose tired and fretted brains would seek repose under the ministration of that last great friend—Death; to such, tobacco affords a refuge and a solace, better, safer, and more complete than anything else that is known.

Like some beneficent power, it can calm the perturbed and grief-stricken spirit of the wretched; and, taking the place of

> "Some sweet, oblivious antidote,
> Cleanse the stuffed bosom of that perilous stuff,
> Which weighs upon the heart."

Cystitis in the Female.

DR. PALLEN says on this topic, in the St. Louis *Medical and Surgical Journal:* With regard to cystitis as produced by calculus, uterine misplacement, uterine disease, vascular growths at meatus urinarius, stricture of the urethra, urethritis, fissure of the anus, hemorrhoids, laceration of the perineum, disease of the spine, gonorrhea, cancer, tubercle, and all other recognized causes, I do not propose to dwell upon them, but should the inflammation of the bladder exist, should we determine positively that inflammatory concentric or eccentric hypertrophy of the organ exists, the question of treatment is the all-absorbing one. Boyer, Civiale, Sir Benj. Brodie, Coulson, Velpeau, Nelaton and Niemeyer, state that chronic cystitis with either of these changes, (eccentric or concentric hypertrophy) is liable to produce death; or, in other words, that the disease is usually incurable: whilst, on the other hand, Demarquay, Braxton, Hicks, Anussat, Jr., Sims and Emmet, hold out most flattering inducements to the profession with regard to local treatment. Lionel Beale, as above quoted, relies

more upon a general constitutional and hygienic treatment than upon a local one, with the exception of cleansing the bladder by means of frequent and copious warm water irrigations slightly acidulated with nitric acid, one drop to the ounce. All, however, insist upon the advantages gained by washing out the bladder in order to get rid of the alkaline state of the secretions, the mucus, and the entangled crystals of the triple phosphates, urates and oxalates, and after the cleansing is complete to inject a warm solution of morphic (one to four grains to the ounce) thrown in and permitted to remain. Whether the lining membrane of the bladder, possesses or not, an absorbing power, experience teaches that the morphia solution is followed by a decided amelioration of pain. Injections of tannic acid. mild nitrate of silver solutions, balsam of copaiba, Venice turpentine, chlorate of potash, weak solutions of carbolic acid, tar water, claret wine, permanganate of potash, and other medicaments have been used and vaunted in various forms of vesical catarrh, occasionally with benefit, frequently with none, and sometimes hurtfully. Sir Henry Thompson thinks highly of the administration of an infusion of the (*triticum repens*) common couch grass, but like buchu, uva ursi, pareira brava, Vichy, Carlsbad, Contrexeville, and other waters, xanthoxyllin, the preparations of potassium and sodium, etc., etc., it is destined to run its course and be placed alongside the others to be used only as a substitute when they fail. The prominent modus medendi, or rather the chief indications in the local treatment of non-symptomatic cystitis, consists in quiescence of the bladder, drainage of the urine, and keeping the cavity free of mucosities, concretions, and deposits which not only irritate by their presence, but the decomposition of which frequently give rise to secondary toxic disease.

Two prominent procedures have been proposed to produce quiesence, one by Dr. Thos. Addis Emmet, which consists in the formation of artificial vesico-vaginal fistula, and Nelaton's forcible dilatation of the urethra. Gueneau de Mussy* reports a case where Voillemier in the Hotel-Dieu advised dilatation, but which was not carried out, as the patient got well under emollient injections followed by applications of nitrate of silver. Nelaton devised an instrument for the purpose, but the treatment failed in his hands.

Dr Emmet's views are elaborately published in the February number of the *American Practitioner*, and from the facts presented, he has been very successful in his results, because he not only keeps the organ quiet and empty, but he keeps it clean by numerous washings and irrigations, easily made, as there are two openings, the urethral orifice and the artificial vesico-vaginal fistula. Nelaton failed in his procedure on account of the various pathological changes, the physiological peculiarities, and the anatomical connections. Dilatation of the urethra for the relief of irritable bladder may serve a good purpose in stricture or fissure of the urethra, but as a cure of cystitis proper (concentric hypertrophy of the bladder being the most frequent variety), it will be found to be of no avail, because one or several weeks' drainage of the bladder is not sufficient to do away with those pathological changes peculiar to cystitis. Again, should the dilatation of the urethra persist for weeks after the forcible rupture of the fibers of the so-called sphincter muscle, incontinence of urine is very apt to ensue. Stricture of the urethra is liable to be produced by forcible dilatation, one case of which I have seen.

In Dr. Emmet's operation, the difficulty is to keep the opening sufficiently large to allow the urine to dribble away, and should a permanent fistula be established, it can be readily closed by the usual operation.

Action of Ergot on the Blood Vessels.

The following cases are reported in the St. Louis *Medical and Surgical Journal*, by W. C. MAULL, M. D., of Middletown, Ill.:

CASE I. Mr. J. W., æt. 72, farmer; one foot very much swollen, pitting on pressure, swelling extending 3 or 4 inches above the ankle; skin natural color; no pressure upon the blood vessels returning the blood from the affected part could be found; urine, heart sounds and bowels, all right; tongue not coated; pulse regular, soft, vibrating, and 65 per minute. Prescribed muriated tr. iron and tr. digitalis, also gin, and applied bandages. This treatment, with the addition of baths and daily friction, was continued for a month, without perceptible improvement. Seeing ergot credited with the power of contracting the unstriped muscular fibers of the blood vessels, and believing the pulse of patient indicated considerable relaxation, I continued the iron, and gave besides 20-drop doses of fluid ext. ergot every four hours. Improvement commenced in several days, and continued to complete restoration.

This result may be considered coincident with the administration of the ergot. I have never heard of its administration in like cases, and therefore expect criticism. To change an old saying without marring its truth, the early worm seldom escapes the bird. But what is there more remarkable about its action in this case, than in its cure of aneurism, as first reported by Langenbeck? He treated an aneurism of the radial artery, the size of a hazel nut, by injecting ergotine under the skin over the aneurism, and it disappeared. The remedy, it appears to me, must have entered the circulation before it acted. As yet no virtues have been accredited to *ergotine* not possessed by ergot. If it then has power to cause sufficient contraction of the walls of an artery to destroy an aneurismal tumor the size

mentioned, is it improbable that the medicine entering the blood through the stomach would have sufficient power to contract the debilitated blood vessel? Without being prolix, the following inclines me to believe the medicine will be found useful in such cases. The pulse, soon after beginning its use, became stronger; patient exhibited less irritability, lassitude, depression of spirits, etc., the frequent result of impaired or difficult blood supply to the nervous centers. The relaxation of Mr. W.'s circulating system was so apparent, that digitalis, on account of its reputed power in such conditions, was thought particularly indicated.

CASE II. Mr. M., æt. 74; walking about; complains of tenderness in epigastric and hypochondriac regions; says something presses up his lungs and prevents his breathing freely; tongue pointed, fissured, and thickly coated with a yellowish white fur; pulse soft, irregular, and intermittent; a pulse lost after every fourth beat; compelled to micturate several times during the night; hypertrophied prostate probably present; has been treated for heart disease; I ascribed the increase of his trouble to torpidity of the secretions. Prescribed alterative doses of calomel, to be followed in a couple of days by iron, digitalis, and valerian. Improvement followed; in a couple of weeks after he relapsed Thinking his trouble worse every other day, I gave quinine grs. iij., every three hours, until 21 grains had been taken; gave also the alterative and digitalis. Patient was soon able to sit up. While convalescing he was at times irrational. Nurse noticed the spells some time before she mentioned it. I pronounced them the sequels of disease and decay until I saw one of them. When I entered the room, he knew no one; his eyes were staring and expressionless. After a couple of hours he became rational, pulse irregular, intermittent, and very soft. I resolved to try to restore the circulation with ergot; gave x. gtts. fluid ext. ergot every two hours. No more spells, as nurse called them; and tonics gradually restored the old man to comparative strength. The action of ergot in this, as in first case, upon the circulation, was very appreciable. The pulse became distinct, stronger, and more regular.

CASE III. Mrs. H., æt 38; anæmic; relaxed, hysterical; been under treatment, for both real and imaginary troubles, for a couple of years; tongue much coated; pulse 112, full and very soft; some indications of incipient phthisis; spleen slightly enlarged; actions from the bowels and kidneys normal; much troubled from throbbing of the abdominal aorta. Gave purgative, cholagogue, to be followed by bromide potassium and fluid extract of ergot. Saw her again one week after; much improved; says the purgative acted freely, and that the pulsations of the aorta ceased to annoy her a couple of days after commencing treatment.

CASE IV. Mrs. R., æt 28; attends to her household affairs. Says she is troubled with throbbing in the abdomen, and that after considerable exertion it is so great that she is compelled to take to her bed for a time. No other trouble could be found. Prescribed fluid extract of ergot. Two weeks after, says the medicine acted like a charm; declares she is entirely relieved.

In small doses, frequently administered, I have not observed ergot to lower or perceptibly reduce the pulse. Patients never complained of fullness of the head or nausea, nor did it at any time noticeably affect the secretions or excretions. In labor I have used it also in large doses, at short intervals, and can recall no other disagreeable effect than nausea, sometimes followed by emesis. Dr. A. Jacobi considered its "power in diminishing the size of the blood vessels manifest from its value as a hemostatic." The truth that it has been found practically beneficial in hemorrhage, in various nervous diseases, throbbing of the abdominal aorta, aneurism, and similar affections, in fact, in those pathological conditions marked by dilatation or relaxation of the walls of the arteries, cannot be too highly appreciated. Although it may be found not sufficient to accomplish the desired result alone, it certainly can be relied upon as a powerful adjuvant.

On the Use of Pepsine in Diarrhea.

Dr. A. DAVIDSON, assistant physician to the Children's Infirmary, Liverpool, writes to the *Practioner:*

There is a form of diarrhea often observed in young children from one to two years old, in which the ordinary treatment by antacids, aromatics, astringents, etc., has no good effect; but if pepsine be administered, it scarcely ever fails to restore the child at once to health. The diarrhea in this instance arises from feebleness of the digestive powers. A large proportion of the food is not assimilated, and consequently passes on and appears in the motions in an undigested state.

These cases are frequently met with in hospital practice, and are easily recognized. They are not more prevalent in the summer months, but occur at all times of the year. They are most frequent after the period of weaning; but sometimes weakly children fed at the breast are affected in this way. When the children are brought under medical observation, it is usually found that the diarrhea has existed for several weeks or months, and has resisted all the ordinary treatment by medicines and regulation of diet.

The symptoms are as follows. The motions are frequent, and vary considerably in character in different cases, but always show the presence of undigested food. Usually the action of the bowels takes place directly after the time of feeding, and this circumstance leads the mother or nurse to describe the child's

state as one in which the food passes right through it, and does it no good. Of course it is impossible that the food really passes through the intestinal canal so rapidly as this description would imply. What really occurs, is that the ingestion of food into the stomach excites the action of the bowels, and leads to the expulsion of the half-digested food previously lying in the large intestines.

Considerable disturbance of health usually results from this form of diarrhea, but by no means the same amount of exhaustion or emaciation as would follow an ordinary attack of catarrhal or inflammatory diarrhea of the same duration.

In the treatment of this class of cases, it is utterly useless to administer the aromatic astringent mixtures, or other medicinal remedies suitable for ordinary diarrhea; but if small doses of pepsine be given with the food, immediate improvement is the result, and ultimately complete cure. The preparation I have chiefly employed is pepsine wine, of good quality, in doses of one teaspoonful three or four times daily. In some instances, an alcoholic solution of pepsine, sold as "Liquor Pepsicus," was given; but this is not quite equal to the wine in efficacy, and is less pleasant to the taste.

The following is an illustrative case, selected from a very large number which I have met with in the out-patients' department of the Children's Infirmary. In only two or three instances out of these have I found the remedy unsuccessful.

Case.—G. H———, aged 18 months, had suffered from constant diarrhea for six months, and had been treated with all sorts of medicine without benefit. The motions were frequent, dark in color, and very fetid, and contained undigested food. His mother stated that the food went through him as soon as he ate it. He was not feverish, but pale, weak, and irritable. A dessertspoonful of pepsine was ordered to be given thrice daily, no change being made in his diet. Immediate improvement resulted. In ten days it was noted, "He is nearly well; greatly improved in general health; bowels act only thrice daily, and are natural in appearance and odor."

The Treatment of Spinal Curvature.

Mr. RICHARD DAVY, F. R. C. S., says in the *Practitioner* for March:

The treatment of spinal curvature may be essentially subdivided into—firstly general, and secondly mechanical, treatment.

Under the first count are included rest, seaside air, strengthening food, oleum morrhuæ, careful nursing, and such like; and the late Sir Benjamin Brodie concentrates the essence of such treatment in advising a couch pleasantly situate near the sea-beach; indeed, it is useless to undertake the treatment of this deformity without paying marked deference to the general means of cure; but especial prominence has been given in this short paper to the local and mechanical means of surgical assistance.

Under the second count are included local and mechanical means.

The utmost importance must be conceded to the recumbent posture at an early stage of the deformity. This necessity for early rest is in many instances entirely overlooked by the parents; many a child is unnecessarily tormented by an anxious mother, who runs from one orthopœdic institution to another, in the mistaken delusion of thus obtaining the best treatment. The poor child protests, and shows its sufferings by its peevishness and groans; the mother contents herself with the empty self-congratulation of having exhibited her offspring to goodness knows how many doctors. Nothing can so effectually give rest and ease to the diseased vertebral column as this apparently simple recommendation of the recumbent posture; but in reality, amongst the rich this treatment represents a couple of extra servants, amongst the poor it involves an impossibility.

Children, again, not being aware of the importance of rest, are with difficulty kept lying down; probably the easiest means of insisting on this principle of rest with them is to net over their cribs; whilst amongst the hunchbacks at or about the time of puberty there exists such a refractory impatience of restraint and such precocity as to baffle the good intentions of any surgeon. Before leaving the subject of the recumbent posture, let special stress be laid upon its importance in cases of cervical curvature; so as to avert any secondary implication of either the medulla oblongata, or roots of the phrenic nerves.

The difficulty, then, of restraining these cases of spinal curvature led to the employment of spinal instruments, on the principle of relieving the vertebral column of superincumbent weight, while freedom was allowed for taking sufficient exercise to maintain a certain degree of vigor.

What can the surgeon fairly expect from the use of a spinal instrument? Simply support, and a correction of the tendency to increased deformity. As a gardener supports the delicate stem of a plant by a firm stake, or as in young fir plantations side support and an upward direction and shelter are ensured by adjoining stems, so the surgeon uses a spinal instrument to shelter, support, and as it were coax the feeble spine into its healthy, natural position.

Let me now express my strong dissent to the too universal application of spinal instruments. Surgeons weekly receive applications for spinal instruments where no spinal disease exists, and where the appliance (if granted) would but tend to increase the deformity.

Let me further object to and expose a rather numerous class of individuals, who foolishly believe that their duty to their deformed charge has been performed as soon as the

victim has been encased in a spinal instrument, and thus seek to shift the onus of treatment from their own to the surgeon's shoulders.

Still further, objection must be taken to the intrusive desire of any instrument-maker to complicate the essential simplicity of a spinal instrument: as a rule, the more movements, the more pay for the instrument-maker; but the more movements, the less relief for the patient.

Complicated movements, if kept in action, must guarantee much interference; if unused, such movements are quite unnecessary.

Side plates are certainly advantageous, if manual support to the projecting ribs and transverse processes gives relief to the patient; and of all elevating principles that have been applied to the crutch of spinal instruments there is none so easy and so practically useful as the principle used by Sayre for extension in cases of morbus coxæ. It allows elevation or depression to be performed easily, safely and advantageously, either by the surgeon or patient; many a sore axilla will be saved, and much more support (consecutive on the growth or improved condition of the vertebral column) will be gained by the further use of his elegant mechanism. Many of the spinal instruments for the Surgical Aid Society of London are now being manufactured by Mr. Lindsey after his plan.

The natural cure of these deformities consists in bony anchylosis of the bodies of the vertebræ; and the frequency of bony nodules being found on bodies of the vertebræ demonstrates how ready nature is to throw out support for a feeble spine: yet even in old permanent fixtures of angular curvature of the spine you may still see movements on the instrument worn; *i. e.*, the officious surgeon endeavoring to undo what nature has wisely done. Let me once more insist, therefore, on the strict simplicity of a spinal instrument, as an agent of support as opposed to coercion.

To summarize this sketch. Grant attention to the sterling value of an early correct diagnosis; good general treatment; the importance of rest; the recumbent posture; and mechanism only as supportive agents.

1. For recent cases with advancing deformity, general treatment, rest, recumbent posture: as nature regains strength, and the bony deposit is being organized, mechanical support, and the sparing adjustments of spinal movements.

2. In chronic cases with stationary deformity, general treatment and mechanical support.

3. In hysterical cases, chloroform must be administered; moral control and physical exercise employed; and a full exposure given to any smack of deception.

4. In weakly constitutions with slight deformity, tonic-treatment, sea-side baths, and correction of faulty tendencies.

On Dyspepsia of Liquids.

Dr. THOROWGOOD records, in the *Lancet*, several cases which he considers to be good illustrations of that indigestion of liquids which has been carefully described by Chomel in his work on dyspepsia. The affection, in its fully developed form, he does not believe is common in this country, though he has met with several cases in the course of the last few years. The following is one of them:

James M'C., aged 30, a pale, dark, intelligent man under Dr. Thorowgood's care, complaining generally of dyspeptic symptoms, and especially of the great uneasiness caused by the presence of any amount of liquid in the stomach. Liquids in the slightest degree acid were most distressing to him, and at times he had attacks of sour pyrosis. He complained much of dryness of mouth, with dry skin and costive bowels, urine loaded with lithates, but free from traces alike of sugar or albumen. No loss of flesh; pulse slow and soft; nothing irregular to be found in heart or lungs; no sort of tumor or thickening about pylorus, but on gently vibrating the stomach, fluid was heard splashing about in it, and this sound could be always produced irrespectively of any liquid having been recently ingested. The stomach was much distended. The early treatment of this case consisted in the use of alkalies, with bismuth and various bitters, but no improvement resulted: the only noteworthy feature was the effect of a pill of extract of opium at night, which regulated the action of the bowels so completely that the patient asked for the pills as *aperient* pills. It was afterward agreed that the patient should drink as little as possible, and take no other medicine than a powder of rhubarb and magnesia every morning. From this time he steadily improved, and after about two months' treatment he appeared to be cured, and was, six months afterward, still in good health. Dr. Thorowgood considers the dry plan of diet the only one likely to be followed by any amelioration of the symptoms; and until this is tried, no medicine will prove of any service. At times fits of faintness, with irregular action of the heart, are prominent symptoms in these cases of dyspepsia of liquids, the cause being due to the distended state of the stomach. The patient must bear a certain amount of thirst as well as he can, and take but small quantities of liquids at a time, and not drink for an hour or more after he has taken his meal of solid food. Weak whisky and water, sherry wine, and toast and water, are amongst the least objectionable drinks; and sometimes a small cup of good beef-tea, free from any farinaceous admixture, will suit well. One of his patients found a wine-glass of good stout to agree well and relieve his thirst.

Reviews and Book Notices.

BOOK NOTICES.

A Treatise on Diseases of the Bones. By THOMAS M. MARKOE, M. D., etc. N. York, D. Appleton & Co., 1872. 1 vol. cloth, pp. 416.

Probably no one in this country has given closer attention to the diseases of bones than Prof. MARKOE, and the results of a score of year of wide observation carefully recorded are embraced in the volume before us. It is needless to say that it is most instructive, we may say almost indispensable to whosoever would be a finished surgeon. The subject is divided into three main divisions, one on diseases of bone proper, the second on tumors of bone, the hird on malignant diseases of bone. In the first mentioned are embraced hypertrophy, atrophy, inflammation and its consequences, mollities, fragilitas, rickets, caries, necrosis.

Many of the cases recorded are drawn from the records of Bellevue Hospital, New York, to which the author has long been attending surgeon, and have therefore the additional merit of originality. Other sources of information have, however, not been neglected, and the author acknowledges his indebtedness to the medical periodical literature of the country for much valuable material. Some diseases, such as rickets, are necessarily described chiefly from printed sources, but these lesions are those which rarely occur in this country.

A number of the wood-cuts with which the work is illustrated are original, from photographs of specimens in the cabinet of the New York Hospital; others are from recent surgical works.

Clinical Lectures on the Diseases of Women. By Sir JAMES Y. SIMPSON, Bart., M. D. D. C. L., etc. Edited by ALEXANDER R. SIMPSON, M. D. D. Appleton & Co., N. Y., 1 vol. cloth, pp. 789. Price $5.

This forms the third volume in the collected works of Sir JAMES Y. SIMPSON, and being independent of those which have preceded it, complete in itself, and more directly practical, will probably be interesting to a wider circle of readers. Many of the lectures it contains were published in periodicals some ten or a dozen years ago, but others now appear for the first time. They are not arranged in a systematic order, but cover most of the ground embraced in regular treatises on diseases of females. The following maladies form each the subject of one or more lecture: Vesico-vaginal fistula, pelvic cellulitis, pelvic peritonitis, pelvic hematocele, cancer of the uterus, coccygodynia, dysmenorrhea, vulvitis, surgical fever, phlegmasia dolens, spurious pregnancy, ovarian dropsy, ovariotomy, cranioclasm, puerperal mania, sub-involution of the uterus, amenorrhea, rupture of the perineum, fibroid tumors of the uterus, polypi of the uterus, leucorrhea, chronic metritis, prolapsus, retroversion, and many less important affections we have not named. Thus, it will be evident, the author goes pretty well over the whole territory of gynæcology, and in that relation we may paraphrase about Prof. SIMPSON, Dr. JOHNSON'S epitaph of GOLDSMITH, and say that in this branch he wrote of nothing that he did not throw a new and vivid light upon. To be sure, in the rapid march of that department of medicine the views of ten years ago are already left a good way behind, but every reader will find in this volume rules of practice and methods of investigation which time cannot render obsolete, and which mark the master-mind.

The illustrations are one hundred and forty-two in member, and the general appearance of the volume is attractive.

Opium Eating.

THE Legislature of Kentucky, in order to check the practice of opium eating, which is greatly on the increase, has just passed a bill that on the affidavit of two respectable citizens, any person who, through the excessive use of opium, arsenic, hasheesh, or any drug, has become incompetent to manage himself or his estate, may be confined in any asylum and placed under guardianship, as in the case of habitual drunkards or lunatics.

Cotton Seed Oil.

THERE are at present upward of twenty mills in this country exclusively operated in the manufacture of oil from cotton seed, and over one hundred and fifty thousand tons of seed are used annually. The oil-cake is sent largely to England, where it is used as food for cattle. The oil goes mostly to Bordeaux, Barcelona and other olive-growing sections of Europe, from whence, after "doctoring," it comes back as "pure olive oil."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 25, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE AMERICAN MEDICAL ASSOCIATION.

The meeting of this body, whose proceedings we have laid before our readers, was characterized by greater harmony, by a steadier devotion to the objects of its formation, and by an avoidance of useless discussions, which must gratify all friends of science. The strictures which have been justly made upon the tone and temper of the last few meetings would not apply to this one. As we remarked last year and year before, the Association had become too neglectful of science, and too much interested in personal and partisan squabbles. Fortunately those issues in the present instance were laid aside, or nearly so, and the general interests of the profession and the advancement of medical science came forward to resume their proper place before the assembled members.

We heartily wish this may be the case at the next and all subsequent meetings. The exhibition of medical books and surgical appliances doubtless aided to this end. It was hampered indeed by some useless and factitious restrictions, but as an inception of an excellent design, it succeeded well. The practical illustrations of spectral analysis, and other scientific demonstrations, were also very successful. Of the "hospitalities," which seem to be considered indispensable to such occasions, and which were not wanting here, we leave those to speak who attach importance to them.

Notes and Comments.

Wells' Testimonial Fund.

At the suggestion of the late Sir JAMES Y. SIMPSON a WELLS' Testimonial Fund is now in progress in England, with the idea of making some provision for the family of the man who first practically applied the principle of anæsthesia for surgical purposes. That man was certainly a benefactor of his race, and his services should receive public acknowledgment.

We are glad to learn that a WELLS' Testimonial Fund is being started in this country, and trust that it will receive general encouragement. Some of the best men in the profession are giving it their influence, as will be seen as soon as the circulars are prepared.

French Medical Temperance Society.

M. DUMAS has recently directed the attention of the Academy of Sciences of Paris to a newly formed association against the abuse of alcoholic liquors. The object of the society is to combat the rapidly increasing abuse of strong drink, and to encourage the formation of local societies in the provinces which shall have the same object. The society will employ every means to attain this end that occasion may afford; and in particular it proposes to institute conferences on the dangers of intemperance; to encourage publications of various kinds (pamphlets, manuals, almanacs, etc.,) conceived in the same spirit; to encourage, especially by means of co-operative asociations, the use of coffee, natural wines, cider and beer, as the usual beverages of the people; to endeavor to obtain an increase of the duties on alcoholic liquors, and as far as possible an alleviation of the taxes on the other beverages; to call for legislative measures against public drunkenness, and for a stricter control for the sale of spirits. The promoters of the movement furnish statistics

illustrating the growth of the evil with which they are to deal. Since 1820 the consumption of alcohol has been trebled. In 1850 nine-tenths of the alcohol manufactured in France was derived from distillation of the vineyard produce; while in 1869 not more than three-tenths of a greatly increased total quantity was derived from that source, the larger portion being procured from the distillation of beet root, molasses and cereals. Further, the price of alcohol has fallen to one-fourth of its price in 1850; and the number of places of sale has increased in an inverse ratio. The disastrous consequences of the abuse of alcohol are represented. The danger to life in cases of habitual drunkards who have become the subjects of surgical injuries or of internal maladies is greatly increased. The number of accidental deaths, suicides, and outrages distinctly traceable to drunkenness, is about three times as great as it was thirty years ago. Lastly, it is stated that the increased use of alcohol has gone hand in hand with an enormous increase in the number of lunatics; and this increase is especially marked in those departments where the alcohol is derived chiefly from beet root and grain. The president of the association is M. BARTH, president of the Academy of Medicine; and the committee of organization is composed of men distinguished in the Parisian medical world.

Guarana—A Remedy for Sick-Headache.

DR. SAMUEL WILKS, F. R. C. P., Physician to Guy's Hospital, says in the *British Medical Journal:*

I wish to draw the attention of the profession to *guarana* as a remedy for sick-headache and at the same time to ask for the experience, of those who may already have some acquaintance with the drug. My own knowledge of it dates about two years back, when, after the appearance of a lecture of mine upon sick-headache, I received a letter from Mr. HELMCKEN, of British Columbia, inclosing two powders which he recommended to me with much confidence as able to cure the complaint. He said that, having heard much of the remedy, "I resolved to try the medicine upon one of my patients who was always coming to me with sick-headache; and sure enough it acted like a charm; and in place of suffering for twenty hours or so, the headache had disappeared in a couple. This accords with what others have told me." Upon my first headache after the receipt of Mr. Helmcken's letter, I took the powder, but with only doubtful effect. I therefore did no more than casually mention the medicine to my friends, but did not recommend it. A few weeks ago, after the appearance of a second communication of mine in the *Journal* upon the same complaint, I received a letter from Dr. WOOD, of Montreal, in which he also recommended "guarana" as a remedy for headache, and gave a history of his own personal sufferings and the relief which he had obtained. He says: "By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind), I have carried off the attack; and, with the first box, absolutely put it off for two months—something which had never occurred in my life before." Upon so good an authority, I determined to try the remedy in a more systematic manner, and requested my neighbor, Mr. HOOPER, the chemist, to procure me a packet of the powders. These I have recommended to several patients and friends; and the result is so encouraging, that I have hastened to suggest their trial to my professional brethren. One lady speaks most enthusiastically of their power, as she has now, on two separate occasions, had her headache arrested by their use. The drug has long been known, for mention is made of it in English and French pharmacologies, but appears never to have come into general use. It consists of the seeds of a tree growing in Brazil called *Paullinia sorbilis;* and these, according to JOHNSTONE, in his *Chemistry of Common Life*, are used as we do cocoa. The seeds are ground into powder, and contain an alkaloid which is said to be identical with that found in tea and coffee. The medicine is manufactured by Grimault and Co., No. 7, Rue de la Feuillade, Paris.

[We have used guarana in a few cases without any obvious benefit; but our experience with it is too limited to be of much value.—EDS. REPORTER.]

North-Western Ohio Medical Association.

The next regular meeting of this association will be held in Findley, Thursday, June 6, 1872. Physicians throughout the Northwest are invited to be present.

S. A. BAXTER, Sec'y.

Correspondence.

DOMESTIC.

Spotted Fever and Its Treatment.

EDS. MED. AND SURG. REPORTER:

Having just about passed through an epidemic of "spotted fever" or cerebro-spinal meningitis as some writers prefer naming it, I am induced to present to the medical profession, for their acceptance or rejection, my views on this peculiar affection. Although the views which I hold respecting it did not originate with me, yet I acquiesce in them and propose to maintain them until future observations prove them to be incorrect. I assert that the disease is not an inflammation of the meninges of the brain and spinal cord, and that "brain fever," "spotted fever" and cerebro-spinal meningitis, are misnomers, and do not indicate the character of the disease with proper clearness. Epidemic rheumatic fever, or cerebro-spinal rheumatosis will answer.

That it is a rheumatic affection is made manifest from the following symptoms: twelve hours preceding the attack, when physicians are called, the patient complains of flashes of heat, with slight chilliness, and a sense of "leg weariness," or sharp pains darting through the extremities; he retires, and between the hour of midnight and four in the morning, he is aroused from a sleep which has been disturbed by frightful dreams, by a chill which lasts from twenty minutes to one or two hours, succeeded by great febrile excitement, accompanied with severe lancinating pains within the cranium, extending down the back and in the limbs. The countenance often flushed expresses surprise or wildness and terror. The eyes are rolled upward and inward, with half closed lids, the pupils are of a vibratory character, dilating and contracting at almost every respiration, which peculiarity is maintained until the brain is freed from all of the "materies morbi."

The above enumerated symptoms do not correspond with those attendant upon congestion or inflammation of the brain, but point directly to a neuralgic or rheumatic disorder. There is great restlessness, moaning or uttering plaintive cries. The pulse is soft, slightly increased in frequency, and decidedly irregular, losing one beat in nine or ten. The breathing is irregular, and is not controlled by the action of the heart; the pulse has been as high as 140 and respirations nine, within a minute. This is never present in inflammation of the brain proper, or at least I have never observed it. The speech is thick, and articulation very imperfect. Constipation is present, and obstinate, but much easier effected by purgatives than in cases of inflammation of the brain. The tongue is generally coated with a white granular fur, which changes first to a brown and then to a black which peels off in flakes or rolls of the thickness of brown paper, after which it is liable to go through the same changes again. The lips and gums are effected in the same manner, with collection of sordes on the teeth. There is general soreness of the whole body —hyperæsthesia—which continues from the commencement of the attack until convalescence is fully established.

Sudden changes in the weather very materially affect the condition of the patient; after a change from a warm to a cold, damp atmosphere, all the symptoms are worse, and from a cold to a warm period, the symptoms are improved. Not one case has occurred in this place, but what has been preceded from twenty-four to forty-eight hours by a sudden change in the weather. Physicians of good repute in this county, have treated cases for two and three weeks for inflammatory rheumatism of the lower extremities and on their return visit, after a sudden change in the weather, have found their patients laboring under an attack of "cerebro-spinal meningitis" so-called, and have been more firmly convinced than ever, that all diseases are very liable to partake of the epidemic influence, not supposing that it was the same thing, only, that it had changed its base of operations.

Death may take place in from twelve to seventy-two hours from compression of the brain, which is produced by a thickening of the membranes and a deposition of effused fluid between the pia-mater and arachnoid; the usual symptoms indicative of this condition being exhibited by the patients, a thickening of the membranes of the spinal cord would produce paralysis below the compressed portion, which has been noticed in a number of instances. That rheumatism will produce this condition of things, I think there are none who will deny, and as it is plausible and reasonable to suppose from the evidences that I have seen, and from the testimony of other physicians, I am convinced that cerebro-spinal meningitis, should be known as cerebro-spinal rheumatosis.

The treatment should be prompt and active during the first three days. When coma is impending topical depletion should be resorted to by cups applied to the temples, back of the neck, and down the spine, followed by hot fomentations, which will afford great relief. The application of ice to the head and spine is positively injurious. The patient should be brought under the influence of calomel as speedily as possible with free purgation. Dover's powder, with the addition of morphine, if necessary, to relieve the acute pain and procure rest. Quinine in large doses from the commencement should be exhibited and steadily pursued. Diuretics, as acetate of potassa, sweet spirits of nitre, or neutral mixture should be given at intervals. After the relief of the brain symptoms, it should be treated as

any ordinary case of sub-acute rheumatism, I use the following mixtures:

℞. Tinct. prickly ash, tinct. cimicifuga rac.
Tinct. g. guaiacum aa., ℥ij.
Tinct. colchicum rad., ℥j.
Acetate of potassa, ʒij.
Syr. simplex
Spts. vin. gallici. ℥ij. M.
Sig.—A desertspoonful every four hours.

℞. Quin. sulph., gr.xl.
Tinct. ferri. chlor. ʒij.
Syr. simplex.
Aquæ menth. pip., aa., ℥j. M.
Sig.—A desertspoonful three times a day, with Dover's powders at night if necessary.

I have had under my care thirty-two cases of this disease; three proved fatal within forty-eight hours—all of the remainder have recovered; the treatment has not been materially different from what has been just stated.

J. MACLAY ARMSTRONG, M. D.
Edwardsville, Ill., April 20, 1872.

Testimonial to Horace Wells.

EDS. MED. AND SURG. REPORTER:

The right position taken by the MEDICAL AND SURGICAL REPORTER several years ago, upon the subject of the history of the origination of surgical anæsthesia, leads me to believe that you will admit a few words, which ought to have had the opportunity of being said in the late convention of the American Medical Association. "Hasty legislation" it undoubtedly is, whenever an important motion is laid on the table without a moment being left for the mover to explain its reasons and objects. Such of the Committee of Arrangements as "cordially approved" this action, forgot for the moment not only courtesy, but justice; a forgetfulness somewhat more tolerable, of course, in Dr. BOWDITCH, of Boston, who may be supposed to hold loyalty to the claim of MORTON to be a sort of duty. Now the facts are simply these: A connection of HORACE WELLS, with a natural and generous concern for his impoverished family, handed a resolution to a member of the association, requesting that it should be offered. It reaffirmed the declaration of the association previously made, that HORACE WELLS was the original discoverer of anæsthesia; and proposed that the association acknowledge the suggestion of the late Sir JAMES Y. SIMPSON, that a testimonial fund be made up in England in his honor, and that encouragement should be given to a movement (misread by the secretary, *monument*) of the same kind in this country.

It ought to have been easily understood, that such a testimonial does not need to disturb whatever honor any one may wish to give to the real merits of MORTON in connection with anæsthesia. All may admit that, after WELLS' first intuition of genius had led him to experiment with nitrous oxide, accident interrupted his success with it; that MORTON'S perseverance led him to succeed with ether, and that his energetic aggressiveness promulgated anæsthesia to the world. WELLS' share was priority of invention; MORTON'S, practical and successful application. All that has been proved long ago, as fully as anything in history can be proven.

And it ought to be allowed now to enhance the merit of WELL'S discovery, that others have been, since, more fortunate than himself with nitrous oxide; so that it now occupies a very large and important place in the usefulness of anæsthetics. When, then, a proposal was made, on the basis of the association's right declaration of two years ago, to encourage an effort for the aid of HORACE WELLS' family, in recognition of his part in the history of anæsthesia, it ought to have been respectfully received, and passed; notwithstanding the jealous impatience of the much respected delegate from Boston.

HENRY HARTSHORNE, M. D.

Corrigenda.

EDS. MED. AND SURG. REPORTER:

In my article on measles there are several errors and inaccuracies chargeable to my own too careless way of writing, and a few chargeable on the printer. In one place he uses the word discord instead of disease, and in the last paragraph, after the words "I have explored but a small part," he has omitted a whole line. The sentence should read: "I have explored but a small part of the vast field of medicine;" then the remainder of the paragraph will have its proper significance. If you will please make the correction in the coming number of the REPORTER, you will truly oblige me. HIRAM CORSON, M. D.

Maple Hill, May 15, 1872.

Vaccination.

EDS. MED. AND SURG REPORTER:—

The reports of private individuals and papers concerning the small-pox with all its fatality in Philadelphia, has suggested the question, whether vaccination has lost its efficacy, or whether it has been neglected. I have a paper also from a private individual, saying he has carefully looked "since the small-pox has been so virulent in Chicago, but has failed to find out in a single instance where such fact has been demonstrated, as that vaccination is a preventive of small-pox." The article, however unreasonable, may do mischief, and perhaps for that reason alone deserves a review which I have begun; but as I have had no case of the disease during this epidemic, and know not what peculiar characteristics may mark it, will you be troubled by me sufficiently to give me through a number

of the MEDICAL AND SURGICAL REPORTER, any information necessary—whether any vaccinated persons have died; how often and how many times they were vaccinated; how lately and at what ages they were vaccinated? My practice while in Baltimore a number of years ago, brought me into contact with small-pox, and acting as vaccinating physician for three years in the 5th and 8th wards, gave me some observation which I thought settled my opinions. But if small-pox must prevail in opposition to all that physicians harmonizing with the people can do, it is directly contrary to all that I had taken to be established theory.

Respectfully,
J. A. BALDWIN, M. D.

Beech Pond, Penna., May 2, 1872.

[There have undoubtedly been a limited—a *very* limited—number of instances reported on good authority where vaccination and re-vaccination, however successfully performed, have not proved effective. But they are probably not greater in number than instances of persons having small-pox twice. The protective power of the operation has been abundantly and successfully demonstrated in the epidemic in this city. Interested persons (as we showed recently) have circulated groundless reports to the contrary. We challenge them to produce details.—EDS. REPORTER]

News and Miscellany.

Medical Society of the State of Pennsylvania.

The twenty-third annual session will be held in Franklin, Venango county, on Wednesday, June 12, at 11 A. M.

The undersigned regrets to announce that the Pennsylvania Central and Philadelphia and Erie railroads decline to allow any reduction of fare for this meeting.

Any other arrangements will be announced at an early day.

WM. B. ATKINSON, M. D.,
Permanent Secretary, Phila.

——List of Medical and Surgical Patents issued from the U. S. Patent Office to United States Inventors, for the week ending May 14, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:

Medical Compound, Joseph Kornitzed, New York, N. Y.
Vaginal Syringe, Alex. M. Dye, Elkhart City, Ills.
Base for Artificial Teeth, Francis Hickman, Reading, Pa.

Association of Medical Editors.

Met at Horticultural Hall, Philadelphia, May 6, 1872. Called to order by Dr. B. F. DAWSON, President. Minutes of last meeting read by Dr. N. S. DAVIS, secretary, *pro tem.*

Present—N. S. Davis, D. W. Yandell, T. Parvin, B. F. Dawson, A. J. Stone, S. W. Butler, D. G. Brinton.

Dr. Stone moved that Dr. Storer (former president), be requested to furnish to the secretary, the names of those editors who authorized him to report them to the society as members.

The committee on foreign exchanges requested to be discharged, as they were unable to accomplish anything practical.

Dr. Dawson moved that the association offer prizes for scientific essays, to be contended for by members of the Association, the subject to be decided on at each meeting for the ensuing year. Several members offered to contribute to a fund for the purpose, and it was voted that a prize of $100 be offered this year. A committee, consisting of Drs. Dawson, Davis and Stone, was appointed to select a subject and report at the evening session.

Adjourned to 8 o'clock to hear the address of the president, in Horticultural Hall.

EVENING SESSION.

The address was delivered at 8 o'clock by the president upon "The Origin of Medical Science." He traced its earliest phases from the dawn of civilization to the time of Hippocrates, in an instructive and entertaining style. It will be published hereafter.

At the business meeting after the lecture, the committee on prize questions reported the following resolution which was adopted:

PRIZE ESSAY.

Resolved, The Association of American Medical Editors, offer a prize of $100, for the best essay on each of the following subjects, the first to be awarded in May, 1873, and the second in May, 1874. Competition to be restricted to the members of the Association:

1st Subject. "The Pathology and Treatment of the diseases of the Ovaries."

2d Subject. "At what stages of Pulmonary Tuberculosis is a change of climate desirable; what are the principles which should govern us in choosing the kind of change to be made; and the best localities in North America to send patients of this class."

N. S. DAVIS, Secretary.

The following officers were elected for the ensuing year: President, DR. THEO. D. PARVIN; Vice President, DR. A. J. STONE; Secretary, DR. F. H. DAVIS.

After some further discussion the society then adjourned.

American Medical Association.

The *official minutes* of the late session in Philadelphia are now in press, and will shortly be issued in pamphlet form. Price 50 cents. W. B. Atkinson, M. D., Permanent Secretary, 1400 Pine St., Philadelphia.

ARMY AND NAVY.

Army Surgeon Transfers.

The following changes in the duties and stations of officers of the Medical Department are made: Surgeon Josiah Simpson, from duty at Fort McHenry, Maryland, to relieve Surgeon J. Simmons as attending surgeon and examiner of recruits at Baltimore, Md. Surgeon Simmons is ordered as Medical Director of the Department of the Gulf, Surgeon Charles Page is transferred from the Department of the East to the Department of the Platte, to take effect June 20. Surgeon Alexander B. Hasson is transferred from the Department of the South to the Department of the East.

The following changes in assistant surgeons are also made: Samuel M. Horton, William E. Whitehead, and William F. Buchanan, from the Department of the East to the Department of Texas. Elliott Coues from the Department of the East to the Department of Dakota. George P. Jaquett, from the Department of the Lakes to the Department of the Platte. Harvey E. Brown, from the Department of the Lakes to the Department of Dakota. Samuel S. Jessop, from the Department of the Lakes to the Department of the Missouri. John H. Barthoff, from the Department of the South to the Department of the Lakes. Alfred D. Wilson, from the Department of the Platte to the Department of the East. Leonard X. Loring, from the Department of the Missouri to the Department of the East William M. Notson, from the Department of Texas to the Department of the Lakes. Calvin De Witt, from the Department of Arizona to the Department of California. Carlos Carvallo, from the Department of Texas to do duty with the Surgeon General. George S. Rose, from the Department of California to the Department of Arizona.

THE International Ophthalmological Congress to be held this year in London, takes place August 1st, 2nd and 3d, at the Royal College of Physicians, Pall Mall

Notices of papers should be sent to the Honorary Secretary, Mr. Wells, 14 Sanville Row, London, W., as soon as possible.

—Dr. HORACE B. PIKE has been appointed Health Officer for the town of Yonkers.

QUERIES AND REPLIES.

Spontaneous Orgasm.

Subscriber. You omit to state in the case mentioned some important particulars. As it is, we suggest digitalis in full doses, with general tonic treatment and sea-bathing in some quiet, cool resort, where she could have appropriate medical superintendence. We can give, by letter, if desired, the address and terms of such a resort.

Thomas on Diseases of Women we regard as one of our best authorities.

Ethics.

Dr. R. "Is it in keeping with medical ethics for a physician to practice by contract?"

Reply. It is not generally considered proper to do so. There is, we believe, a difference in the custom of localities in this respect; but we ourselves are altogether and decidedly of the opinion that it should never be done, as it degrades our calling and injures our professional brethren. The amount of services required can never be predicted, and we should always be paid in proportion to work performed.

Formula 310.

Dr. J. E. B., of Ill. "Is not the quantity of ether in Formula 310, in Naphey's Modern Therapeutics an error? In my experience of over twenty-five years I have never found a case which would warrant the exhibition of such a dose. That quantity might be 'heroic,' but certainly not commendable."

Reply. The Formula is

℞. Ætheris, f.℥ ijss.
Olei morrhuæ, f.℥jv. M.

Dessertspoonful ter die before meals.

This gives about two-thirds of a drachm of ether at a dose, which does not seem to us at all heroic, as we have often given more even to children. In some districts of Ireland the peasantry drink ether as in other parts they do whisky, in as large quantities and without worse effects.

MARRIAGES.

BROCKWAY—PLYMPTON—At Boston Highlands, Mass, May 20, by Rev C C Everett, of Cambridge, Dr A N Brockway, of New York, and Mrs Fanny W Plympton, of Bangor, Me.

CLARK—NILES—On April 19, at Munich, Bavaria, by the Rev S Arthur, of All Saints, Worcester, T Edwards Clark, M D, and Mary E, only daughter of the late Rev William W Niles.

READ—ROBERTS—On Thursday, May 16, in Allegheny City, by Rev J L Read, James S Read, M D, of St Louis, and Miss Emma Roberts.

TAYLOR—DICKEY—April 18, at the residence of the bride's mother, by the Rev W W Woodward, D D, Dr W S Taylor and Miss Mattie E Dickey, both of Saltsburg, Pa.

WAKEMAN—MURPHY—On Wednesday, May 15, by Rev J E Platter, assisted by Rev H H Neill, at First Presbyterian Church, Sandy Hill, N Y, Dr Harwood Wakeman, of New York, and Sophie L, eldest daughter of C B Murphy, Esq, of the former place.

WATSON—FARR—In Littleton, Vt, April 17, by the Rev C E Milliken, Dr I A Watson, of Groveton, and Miss Philena A Farr, of Littleton.

DEATHS.

ACHESON—In Brooklyn, May 18, Louise M, daughter of Dr J J Atcheson.

BENHAM—At Meriden, Conn, May 22, 1872, Edwin Curtis, infant son of Dr S N and the late Nellie Rand Benham.

BROWN—On Tuesday, 14th inst, in New York, Edward Ingersoll, youngest child of Dr W K and Sarah H Brown, aged fourteen years.

FRAME—At Flushing, Long Island, 18th inst, Sarah J, wife of Joseph L Frame, Jr, and daughter of the late Dr Peter Van Zandt.

HALL—On the 23d inst, in this city, Lewis A Hall, M D, aged seventy-eight years.

HUBBARD—At Tottenville, Staten Island, N Y, May 7, Dr E W Hubbard, in his seventy-fifth year.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

AN EXAMINATION OF PROF. REESE'S "REVIEW OF THE TRIAL OF MRS. WHARTON FOR THE MURDER OF GENERAL KETCHUM."

BY PHILIP C. WILLIAMS, M. D.,
Of Baltimore, Md.

The *American Journal of Medical Sciences*, for April, 1872, contains "A Review of the Recent Trial of Mrs. E. G. Wharton on the Charge of Poisoning General W. S. Ketchum, by John J. Reese, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania," which is so remarkable that the cause of science and truth compels me to call attention to it.

The trial of Mrs. Wharton presented so many interesting and important points of medical and chemical inquiry that a proper statement of them would be most welcome to the scientific world. I was glad, therefore, to see the work undertaken by one that I supposed was so competent to deal with scientific facts as Prof. Reese. I read but little of his review, however, before I discovered that his object was not so much to develop the scientific truths of the trial, as it was to criticise the witnesses for the State, and endeavor to show that their testimony was colored by prejudice to such a degree as to render it unworthy of confidence! Prof. Reese does not hesitate to say that "the ground of the opinion of Dr. Williams, and of Profs. Chew, Miles, Donaldson, Howard, Johnston, and Smith, that General Ketchum's death 'was not due to natural causes', was based *solely* upon the supposed finding of *twenty grains* of tartar emetic in the stomach of the deceased," and that "if this *one* element had been left out of consideration, and their minds had been entirely free from the bias which such an impression must necessarily have imparted," "they would not have entertained the opinion that the death had resulted 'from non-natural causes.'" Yet notwithstanding this statement he goes on to say (on page 353), that "the first autopsy was made by Drs. Williams, Miles, and Chew, within twenty hours after death—the *strong suspicion of poison* influencing the minds of these gentlemen."

Again (page 352), he says that the "idea of poison entered his (Dr. Williams') mind in consequence of his being shown a tumbler containing a suspicious looking sediment that had been found in a distant part of the house." Then again (same page), "It would seem, perhaps, only natural that Dr. Aikin's colleagues in the University—Profs. Chew, Miles, Donaldson, Howard, Smith, and Johnston—all gentlemen of high character and standing in the profession, should be influenced by this fact (the supposed finding of tartar emetic) in the testimony which *they gave at the trial!*" Why does Prof. Reese omit from this list of witnesses the names of Drs. Benson, Thompson, Morgan, Ohr, and Arnold? Did they not render a similar testimony? Why are Profs. Chew, Miles, Donaldson, Howard, Smith, and Johnston, persistently forced from the order in which they testified, and classified as Dr. Aikin's *colleagues?* Does it mean to insinuate that *because* they were colleagues, *therefore* they banded together to sustain Dr.

Aikin? This was said by Mrs. Wharton's counsel, in their arguments before the jury! It was bad enough in them; but with what propriety can a Professor in one medical college accuse Professors in a rival institution of banding together to sustain one of their colleagues, simply *because he was a colleague?*

It is true that Prof. Reese does not make this charge in so many words; but this is the insinuation conveyed, and is the only conclusion that can be drawn from the premises. Suppose that these reasons influenced the minds of Prof. Aikin's colleagues, what influenced Drs. Thompson, Benson, Morgan, Ohr, and Arnold, in forming the same opinion?

If the "supposed finding of tartar emetic" induced these gentlemen to form *any opinion*, they certainly would have concluded that General Ketchum died from poison by tartar emetic. But Dr. Reese says (page 338), "It should be noticed that none of the medical witnesses for the State testified that tartar emetic was the cause of death!"

Prof. Reese knows (for he was present every day until he delivered his own testimony) that no one of the State's witnesses was asked the direct question—whether tartar emetic was the cause of death!

Has Prof. Reese any doubt what the answer would have been had the question been asked?

Furthermore, does not Prof. Reese know that Profs. Smith, Howard, and Johnston, and Drs. Benson, Morgan, Ohr, and Arnold, were simply rebutting witnesses? And that their testimony was *limited, by the Court's ruling, to the point* of inquiry, viz., whether Gen. Ketchum died from cerebro-spinal meningitis? And whether there was an epidemic of that disease in Baltimore during the summer of 1871? Prof. Reese knows these things. Why, then, does he make the statement that none of the State's witnesses ascribed the death to tartar emetic? Prof. Reese says that "Dr. Donaldson said that 'he thought the symptoms resembled what the authors stated to be those of tartar emetic poisoning.' *All the others* merely spoke of the death as being produced by non-natural causes."

Does Prof. Reese forget that Dr. Williams was asked "Whether the symptoms and post-mortem appearances of Gen. Ketchum were consistent with the idea of poisoning by tartar emetic?" and that he answered "that they were consistent with the theory of poison by tartar emetic?" (*Gazette's* report, page 20.)

But what difference does it make whether the witnesses said that General Ketchum died from "non-natural causes," or that he died from poison? The only question to be decided was whether he died from *disease* or from *poison*. It matters not what precise word was used; for every one understands that "non-natural causes" *in this case* meant poison, and that poison meant "tartar emetic."

Let us dismiss these personal issues for a few moments, and look at the *facts* of this trial, and see what led "the attending physician" to the conclusion that General Ketchum died from poison.

What led "the attending physician" to think that General Ketchum died from poison? I will state the reasons as briefly as possible.

General Ketchum was an athletic man, of the most sober, methodical habits, cheerful spirits, and always enjoyed excellent health, and lived in a most healthy locality, on Georgetown Heights. He left home on Saturday, June 24, 1871, and reached Baltimore that afternoon, in fine health and spirits. During the night he was *apparently* attacked with cholera morbus. Sunday night he had another attack of cholera morbus. Monday afternoon he had an attack of vomiting, accompanied with much nausea and prostration, but without pain or diarrhœa.

This was the first time that a physician saw General Ketchum.

Supposing that he was suffering from irritability of stomach resulting from his previous attacks of cholera morbus, his physician ordered him to bed, and prescribed creasote and lime water, which soon relieved him. He was seen during the night (2 o'clock A. M.) by Mr. Hutton, and represented himself as being well. His physician saw him at 10 o'clock Tuesday morning, when he seemed to be well, and told him that he was so, and expressed a determination to return to Washington that day.

He did not go, however, but remained in his room all day. He was more or less drowsy throughout the entire day, according to the testimony of a colored servant, Susan Jacobs (and not of "several witnesses," as Prof. Reese has stated), who was the only witness that saw him from 10 o'clock A. M. until 8½ P. M.

That afternoon about 4 o'clock an empty ounce vial, that had evidently contained laudanum, was found in the General's bed. No one was then in the room but Mrs. Wharton and Susan Jacobs, and they differ so much in their statements relative to the finding of the vial that it is hard to know anything about it. Later in the afternoon Mrs. Wharton administered a porter-sangaree, and shortly afterwards went out driving with Colonel Lowry. Soon after her departure General Ketchum was heard by Mrs. Lowry, and others in the house, to vomit with great violence, and Susan Jacobs would allow no one to go to his relief.

From 10 o'clock that evening until 10 o'clock Wednesday (the next) morning nothing whatever is known of his condition. About 10 o'clock Wednesday morning Mrs. Wharton sent for me, saying that the General was much worse; I went immediately to see him, and found him lying on the lounge (where he had been all night) in an almost insensible condition. I shook him gently in order to rouse him, and obtained monosyllabic replies, when he would relapse into his semi-comatose condition. When I shook him a slight tremor passed over him from head to foot. His head and face were congested, and of a livid appearance; his pupils were natural in size, but insensitive, even under a strong light; his pulse was rapid and feeble; respiration hurried (and not "*about natural*" as Prof. Reese says); tongue was natural in appearance; the skin was cool, and bathed in perspiration (and not "not preternaturally moist" as Prof. Reese says).

I then called Mr. Hutton, and asked him to assist me in putting him to bed. We raised him to his feet (he was unable to raise himself) and to my surprise we found that his legs were stiff and rigid. With much difficulty we placed him in bed, and undressed him. During all the handling incident to moving and undressing him, he neither spoke, nor complained of the slightest suffering.

I had ice applied to his head, and ordered *forty drops* of Tincture Jasmine, to be given every two hours. The ice, after remaining upon his head for some time, seemed to make him restless. I had it moved and he became quiet. The jasmine seemed to have a good effect. Under its influence the skin became more natural in color, the eye became brighter, and his general condition was slightly improved.

I remained with him until 12 o'clock, and, finding him comparatively comfortable, I ordered the jasmine to be repeated at one o'clock, saying, that I would return at that hour. I was sent for in great haste about one o'clock, and upon reaching the General's room, found him much worse, and in convulsions.

Upon inquiry, I learned that the jasmine had been administered by Mrs. Wharton at five minutes before one o'clock. Ten minutes after taking that dose he became much worse, was very restless, and began to abrade his throat with his finger nails, and then went into violent tetanic convulsions. He was in one of them when I entered the room.

They were very violent, and were accompanied by groans and cries, which indicated to my mind that he was suffering great pain. Mr. Snowden asked him the seat of his pain, and he replied "*in my stomach;*" and when I removed his clothing to use my catheter, I found that he had torn the skin of his abdomen in long deep scratches with his finger nails. During the convulsions there was decided opisthotonos, which invariably tended to throw him from his back to his left side. Between the convulsions there was marked rigidity of the muscles of the neck, back, and extremities. His legs were so rigid that he could not bear to have them moved. Mrs. Hutton undertook to do so, and he exclaimed, "Oh! oh! don't! don't!" (which fully explains the "*incoherent cries*" described by Prof. Reese.) His convulsions were now so severe, and his agony so intense, that I put him under the influence of chloroform. While under the chloroform, I drew a large quantity of urine with my catheter, in order to examine it. The urine was healthy, and contained no albumen.

About two o'clock I administered thirty grains of chloral, with the view of prolonging the influence of the chloroform, and of arresting the convulsions — but in vain! They became more and more violent until death terminated his sufferings, about three o'clock.

During my first visit on Wednesday morning (see *American's* report of the trial) I inquired of Susan Jacobs whether the General had passed his urine, and was told that he had, and that it had been emptied. For

this reason I was compelled to use the catheter.

Such is a brief, but truthful description of General Ketchum's condition!

It is perfectly clear from this description that nothing especially noteworthy occurred until Tuesday afternoon. So far as I could judge from the light then before me, General Ketchum had an attack of cholera morbus on Saturday and Sunday nights. He had an attack of violent vomiting, without pain or diarrhœa, on Monday afternoon. All day Tuesday, after 10 o'clock, nothing whatever was reported to me of General Ketchum until about 9 o'clock that evening, when I was greatly surprised to learn, through Mr. Hutton, that the General had not gone to Washington, as he expected to do. This interview has been so perverted by the counsel for the defence, though I personally informed them of everything that took place in that interview, and also by Professor Reese (who did not know the facts), that I feel called upon to refer to it, in justice to General Ketchum and myself. The facts are these:—About 9 o'clock Mr. Hutton called at my office and said that he had come *without the knowledge* of Mrs. Wharton, to say that she had requested him to go and see General Ketchum, as she felt very uneasy about him. He stated that he went up to General Ketchum's room and found him sleeping on the lounge, and breathing so heavily that he also was uneasy about him and felt it his duty to inform me of his condition, so that I could decide whether it was necessary for me to go to see him or not. I replied that Mrs. Wharton had said so much about the General's peculiarities that I feared he might deem it an intrusion if I went to see him again without being sent for. I asked him to go back and see the General again, and if he was still uneasy about him, to report his condition to Mrs. Wharton, and *ask her to send for me*, and I would go to see him. I heard nothing further from Mr. Hutton or from Mrs. Wharton, and very naturally concluded that the General needed no attention from me.

This is the explanation of all the mystery which the counsel and others have endeavored to throw around this interview! But let us return to the medical history of General Ketchum. Tuesday night, after giving the porter-sangsree, Mrs. Wharton was sufficiently uneasy about the General to send Mr. Hutton and Mr. Wilson to see him, *but did not send for a physician;* nor was one sent for until Wednesday morning about 10 o'clock, when I found him in the condition already described.

With these facts before him, Prof. Reese makes three distinct charges against General Ketchum's attending physician. First. That he did not suspect poison until the tumbler of punch had been shown him by Mrs. Lowry. For he says (page 352) "Dr. Williams, the physician of Gen. Ketchum, who certainly had the best opportunity for observing, had no suspicion of his patient being poisoned throughout his whole sickness, until about an hour before his death. The idea *then* seems to have entered his mind in consequence of his being shown a tumbler containing a suspicious looking sediment, that had been found in a distant part of the house." Secondly. That when he saw Gen. Ketchum, especially at one o'clock on Wednesday, he totally misapprehended the cause of his illness, and that (page 334) "if any doubt arose in his mind, it was possibly that the jasmine had disagreed with him"!

Thirdly. That the treatment was wholly inadequate to meet the emergencies of the case, for he says (page 334) "the *only treatment all this time* directed was the application of ice-bags to the back of the neck for one hour; then (at 11 o'clock) the administration of 40 drops of tincture of gelseminum in two tablespoonsful of water." Again (on same page), he says, "he gave no emetic, used no stomach-pump, nor exhibited any antidote." "At all events he adopted no means whatever to counteract any suspected poison, but simply employed the ordinary means for the relief of convulsions—chloroform and chloral." Such are the charges made against the "attending physician of General Ketchum, who," according to Prof. Reese, "certainly had the best opportunity of observing" the case.

How consonant with the professional ethics of the *present* faculty of the University of Pennsylvania (of which institution I am an Alumnus) is such language, I leave that faculty to decide. How generous such charges against a brother physician, and how germain to a review of Mrs. Wharton's trial, I leave Prof. Reese himself to judge! I do not desire to dwell upon such personalities, but prefer rather to examine the grounds upon which such charges are based.

First. "Dr. Williams had no suspicion of

his patient being poisoned throughout his whole sickness," "until he was shown a tumbler containing a suspicious looking sediment, that had been found in a distant part of the house." This statement is not only positively at variance with the testimony given in the trial, but is contradicted by Prof. Reese's *own statements*. 1st. It is at variance with the testimony in the cause. On the stand I stated that after I had failed to explain General Ketchum's condition by any disease with which I was acquainted, I suspected poison, and so informed Mr. Snowden. I had determined that General Ketchum was poisoned before I knew of the tumbler of punch that had been made for Mr. Van Ness. The effect produced upon my mind by the discovery of that tumbler was to *confirm a previously existing opinion*, and to indicate that the poison administered was an *acrid metallic poison*. 2d. It is contradicted by Prof. Reese's own statement.

At one time, and only once (page 335), he states the true state of the case; but afterwards he reiterates, over and over again, that the suspicion of poison was not entertained until the finding of the tumbler; then, again, he contradicts this statement, and says (page 333), that the opinion of poison was formed "*solely*" upon the results of Prof. Aikin's analysis!

It seems to me that such facts show that the mind of Professor Reese was quite as much "perplexed by conflicting theories" as he seems to think General Ketchum's attending physician's was! As to the second charge, that I failed to appreciate the nature and cause of General Ketchum's illness, I am perfectly free to confess that this was true for a time. I confess frankly that I did not suspect poison for some time. At first I was "greatly perplexed," and possibly even Professor Reese might have been also under similar circumstances, to understand the nature of his sickness. Suspicion of poison is not apt to suggest itself to the mind of a physician when called to see a patient situated as I found General Ketchum. He was visiting a friend with whom he had long been upon the most intimate terms of friendship, and upon whom he had conferred many acts of kindness. Everything, therefore, would naturally have excluded the idea of poison, until all other means of explaining his condition had been exhausted. The "idea of poison entered my mind" only after I had exhausted all other means of explaining his condition; but that I ever, for one moment, entertained the idea that General Ketchum's condition at one o'clock was caused by the "jasmine having disagreed with him" is without the slightest foundation! It is true that I expressed surprise to Mrs. Wharton when she said that the General became much worse immediately after taking the dose of jasmine that she had administered! That surprise arose *not* from any idea that the "jasmine had disagreed with him," but from the knowledge that the condition I then witnessed *could not have resulted from the jasmine*. It was *this fact* that "perplexed" me, and which *began* to turn my thoughts towards the idea of *poison*, an idea that assumed "definite form" in my mind as soon as I satisfied myself that the convulsions that were then racking the frame of General Ketchum were *not uræmic*!

I here reiterate the statement made by me on the *stand*, that "I know of no instance in which the yellow Jasmine had produced tetanic convulsions." I have neither seen nor read of any such results.

Prof. Reese says (page 336) that "such cases have been reported."

Will he be kind enough to refer me to such reports?

Thirdly. I am perfectly willing to admit with all frankness, and at the same time with great regret, that the treatment was wholly inadequate to meet the exigencies of General Ketchum's case.

No physician could be placed in a more painful and embarrassing position than I was when called to see General Ketchum on that memorable Wednesday morning. I found myself in face of a patient of whose antecedents I was then wholly ignorant. I could obtain no information, either present or past, from my patient, for he was unable to give any; the only person from whom I could have obtained such information not only failed to give that information, but actually endeavored to mislead me by the assertion that the General had undertaken to kill himself with laudanum! Fortunately I was not misled, for I soon saw that there were no evidences of a *fatal dose* of laudanum having been taken by himself, or administered by any one else. I was thus thrown back upon my own observation for any information I might obtain. As I said on the stand, only two diseases afforded to my mind any possible explanation of his

condition. The first was congestion of the brain, threatening apoplexy and paralysis. Proper investigation excluded this. The next and only hypothesis that remained was that he was suffering from uræmic convulsions. This also was dismissed after examination of the urine.

Thus it was that I was driven to the suspicion of poison. What poison had been used I could not then determine. In this emergency I did what physicians must do every day, and what I presume even Prof. Reese would have done—viz, I undertook to relieve symptoms, and stop the horrible convulsions that were rapidly killing my patient. It was after the administration of the chloroform, and while I was waiting for the chloral, that I had the interview with Mrs. Lowry, who exhibited the now celebrated tumbler. The sediment in that tumbler convinced me by its taste, and other properties, that it contained "an acrid, metallic poison." This discovery confirmed my previous suspicion, and convinced me that Gen. Ketchum also had been poisoned. Much that had hitherto been inexplicable now became clear, and the conviction was forced upon my mind that it was my duty to my conscience, as well as to the public, that I should inform General Ketchum's friends of my suspicions, and ask permission to make a post-mortem examination to see whether they were well-founded.

That permission was obtained, and I sought the assistance of those whom I deemed best qualified to make a satisfactory post-mortem examination. I naturally turned first to Prof. Chew, with whom I was associated in the treatment of Mr. Van Ness, who was then ill in Mrs. Wharton's house.

Then I sought Prof. Miles, because, as professor, and a life-long student of anatomy, he was better qualified than any one with whom I was acquainted.

I sought the assistance of a man whose opinion upon such subjects would at once be accepted by the entire medical faculty of Baltimore. This wise and prudent conduct has induced Professor Reese to forget that he was discussing the *scientific aspects* of the Wharton trial, and caused him to assume the responsibility of criticising the actions of "Drs. Williams, Miles and Chew," in a spirit that ill becomes one who sustained the relation to the Wharton trial that was occupied by Professor Reese. He "cannot forbear" from departing from the legitimate sphere of his criticism to lecture us upon "the impropriety of conducting a post mortem examination, where there is suspicion of death from poison, and where the reputation, and even the life of a fellow-being is involved, without the presence and oversight of the legally constituted authority—the coroner." Can Professor Reese show wherein consists the "impropriety"? It seemed to us that the course pursued was the only one open to any one that was actuated by the gentlemanly instinct of desiring to save the scandal and publicity of a "coroner's inquest." At the time this post-mortem was made no one thought of connecting Mrs. Wharton with the crime, and everything possible was done to protect her feelings, and to save her from the mortification that would ensue from the exposure of such a crime having been committed in her house. The Coroner's inquest is necessarily public, and would have exposed Mrs. Wharton to the public gaze, whether the inquest discovered evidences of poison or not. In the hands of "Drs. Williams, Miles and Chew" Mrs. Wharton and her household were shielded from all suspicion, until the results of the post-mortem and chemical analysis revealed the necessity of legal investigation. Then, and not till then, was the arm of the law invoked to assert its power for the protection of society. Professor Reese then goes on to say, that

"It must be evident to every observer that the whole examination, *in the present case*, was in the hands of those who were not entirely devoid of prejudice. The first autopsy is made by Drs. Williams, Miles, and Chew, within twenty hours after death—the strong suspicion of poison influencing the minds of these gentlemen."

Of course "the strong suspicion of poison influenced the minds of these gentlemen," or they never would have made the post-mortem examination! Such examinations are not made, nor could they even be justified, unless there were "a strong suspicion of poison." Would the coroner make such an inquiry unless he were influenced by "the strong suspicion of poison." The suspicion must be "strong" to warrant such an intrusion upon the sanctity of domestic privacy!

But does Prof. Reese mean to insinuate that "Drs. Williams, Miles, and Chew" were so "prejudiced" by this "suspicion"

that they were incapable of making a fair and impartial investigation?

Profs. Miles and Chew never saw Gen. Ketchum alive; how could they be "prejudiced;" or how came they to entertain the "strong suspicion" that unfitted them for the proper discharge of their duty, except they were influenced by the statements of the "attending physician"? Could the coroner have obtained his information in any other mode? Must he not have derived his "suspicions" from the same source?

If Drs. Miles and Chew were so "prejudiced" by Dr. Williams' details of Gen. Ketchum's case, as to render them unfit for making the post-mortem, would not the same details have equally unfitted the coroner for a similar examination?

Upon Prof. Reese's principles how could inquiry ever be made, because, forsooth, the minds of those making the investigation must not "be influenced by the suspicion of poison"!! He then proceeds:

"Two weeks later, the body is exhumed, and is again examined, exclusively by these same persons. There is no representative or friend of the accused party invited to be present. Surely this was not in accordance with justice or propriety." Why not? Can Prof. Reese refer to any precedents requiring the presence of "representatives or friends of an accused party" to be present at a post-mortem examination?

Can he show wherein "justice or propriety" required such an invitation? Does he mean to insinuate that Drs. Williams, Miles and Chew were so distrustful of their own integrity that they must invite "friends of the accused" to be present in order to prevent them from perjury? Does he mean this?

What, too, does he mean by the following language? "Were it not that the professional and social character of the parties concerned places them above suspicion, there might certainly be very grave reasons for taking exception to such ex-parte proceedings; *for there might be just cause for doubt in relation to the absolute identity of the material operated upon.*"

This language is so extraordinary that I am unwilling to rebuke it as it deserves to be.

If the "character of the parties concerned places them above suspicion," why does Prof. Reese indulge in such atrocious language?

The charge here made is particularly reprehensible in Prof. Reese, because he knows perfectly well that so far from the "proceedings" referred to being "ex-parte," they were fully reported to the counsel for "the accused." Not only were her counsel fully informed of all the facts of General Ketchum's case, but they had *repeated conversations* with "Drs. Williams and Chew," in which the case was discussed in all its bearings, medical and circumstantial. Not only was the case fully reviewed in conversations, but *at the request* of "the counsel for the accused," Drs. Williams and Chew furnished them with a *written statement* embodying all the facts of the case.

Prof. Reese knows these things, for he was furnished with *a copy of the written statements* referred to. With these statements in his possession, with what propriety can he accuse "Drs. Williams and Chew" of prejudice;" of "ex-parte proceedings;" or of impropriety of any sort, unless it be the impropriety of having furnished to the counsel and their experts the material for manufacturing the defence that was made in this case?

The best that can be said is that such an imputation of "ex-parte" conduct comes with very bad grace from Prof. Reese, who had in his possession positive proof that the imputation was wholly without foundation!

Prof. Reese then proceeds in a still more unwarrantable strain, if such a thing were possible, and says "Still more glaring was the departure from propriety, when the body was a second time disenterred, and that, too, during the actual progress of the trial. The State, finding its case completely failing by the breaking down of the evidence of Prof. Aikin, secretly dispatched Drs. Williams, Chew and Miles to Washington, with instructions to again exhume General Ketchum's body, and remove the liver and other viscera, for a second chemical analysis. We say this thing was done *secretly*, for no friend or representative of the defence was apprised of it."

"Now it seems to us that this procedure on the part of the State was unfair to the accused, to her counsel, and to the cause of justice. We deem it contrary to all precedents in criminal jurisprudence to take such *an unfair advantage of the accused.* Why was not her counsel informed of this inten-

tion of the prosecution, so that at least one of the experts for the defence might have been present at the exhumation of the body and the subsequent analysis, and thus give at least the *appearance of fairness* to the procedure?"

Here is the same imputation of dishonesty and perjury conveyed in the previous paragraph, with the exception that it is still more "glaringly" stated! Let us overlook such charges as unworthy of being discussed by *honest men*, and let us examine this trip to Washington. Suppose, for an instant, that "one of the experts for the defence" (say Professor Reese) had been present at the exhumation of the body; how would that have benefited the "accused," or how would it have given the "appearance of fairness to the procedure"?

Professor Reese had never seen General Ketchum; how would he recognize the body? How would he know whether we exhumed the body of General Ketchum or not? He would have been compelled to trust to Drs. Williams, Miles and Chew to identify the body! Could he then not accept their statement of the identity, even though he remained in Annapolis? We identified the body, because we recognized General Ketchum. What difference did it make, then, whether Professor Reese was present or not? Does he mean to insinuate that we would insert tartar emetic into the viscera, and that he must be present to prevent the fraud! But again: We went to Washington under the orders of the State—which we were bound to obey—and thus gave the highest possible proof of our conviction of the truth of the position we had assumed in that trial. The State did not send us because it saw "its case completely failing by the breaking down of the evidence of Professor Aikin!" On the contrary, it sent us *because it believed* the testimony of Professor Aikin, and felt assured that it would discover tartar emetic "in the liver and other viscera" of General Ketchum.

The State was fully convinced that Prof. Aikin had found tartar emetic in the General's stomach, and it wanted to show that that tartar emetic had been *absorbed*, and was unmistakably the cause of death. Before we left for Washington it was fully determined that the results of the examination we were then about to make should be reported to the Court, whether we found the tartar emetic or not.

It was agreed *in advance* that the defence should have the full benefit of the failure to discover the poison. The State certainly assumed a position that might have secured the immediate acquittal of "the accused." For no one can doubt that a failure to discover poison in the viscera would at once have acquitted "the accused."

The State must have felt fully assured of its ground before it would have assumed such a position, and therefore it sent "Drs. Williams, Miles and Chew," not because Prof. Aikin's testimony had "broken down," but because it was convinced that Gen. Ketchum had died from tartar emetic. Can any one see how such a "procedure on the part of the State was unfair to the accused, to her counsel, and to the cause of justice?"

The "cause of justice" required the *truth should be established!* The "cause of justice" demanded to know whether General Ketchum had died from poison or not.

The "cause of justice" demanded that it should be proved that tartar emetic was not only found in the stomach of Gen. Ketchum but that it was also absorbed into the organs and tissues of his body, before it could admit that he had died from that poison. Feeling assured that such was the fact, the State assumed the responsibility and ordered the investigation. The result was that tartar emetic was found in the viscera of General Ketchum.

Again. The State is under no obligation to invite any of the experts or friends of an "accused" to be present at the investigation for proof of guilt. On the contrary such a course would only be affording an "accused" facilities for effecting its escape. The State is under no obligation to furnish material out of which an "accused" may manufacture its defence!

In this particular case the defence has not the slightest ground for complaining of "unfairness." Long before the trial took place the counsel for the defence knew that they would claim a verdict of acquittal, and properly so, too, if the State failed to prove the *absorption of the tartar emetic.*

If they were as confident as they professed to be, that General Ketchum did not die of tartar emetic, or of any other poison, why did they not exhume his body, and show that no such absorption had taken place? Does the defence say that it had no power to exhume the body? Why did it not apply

to the Court for the power? Can any one doubt the result of such an application? The Court would be bound to grant the request! The defence had six months in which to make the inquiry. Was it afraid to make it?

Certainly the defence has no right to question the propriety of such an investigation upon the part of the State. The State had not closed its testimony, and it had the right, both legal and moral, to avail itself of every opportunity of developing the truth. It was the duty of the State to leave nothing undone that could clear up the mysteries enshrouding this case.

It seems clear from what has been said that Prof. Reese has departed very far from the bounds of propriety when he thus undertakes to assail the character and impugn the motives of the witnesses for the State. It has been a painful duty for me to expose the spirit which animates his "review." Most gladly would I have been relieved of the necessity for such an exposure. But justice to myself and to Drs. Chew and Miles demands that some reply should be made to the very serious and unwarrantable charges that Prof. Reese has seen fit to make against us.

Most willingly would I stop here, but the medical and chemical testimony for the State has been so perverted by Prof. Reese that it becomes an imperative duty to refer to that testimony in order to protect the interests of truth and of science!

I will now very briefly examine the medical testimony, and will follow the order pursued by Prof. Reese.

I have already noticed many perversions of my own testimony, and would like to call attention to many others, but I have consumed so much time that I must hurry on to notice the injustice done to the other medical witnesses for the State. Before doing so, however, I will refer to one or two glaring misrepresentations, where the only object seems to be to excite ridicule. For example, on page 334 he says, "At one time his (my) impression was that he had congestion of the brain, threatening apoplexy, then, '*dismissing this idea he feared paralysis.*'" The italicised sentence was never used by me, it is simply a mistake of the reporter. Then again, when informed of the discovery of the laudanum vial the preceding evening, I "entertained the impression of 'opium poisoning, though not to a dangerous extent,' but subsequently rejected this idea on account of the *natural size of the pupils, and their insensibility to light.*" I never at any time entertained the idea of opium poisoning. I stated that Mrs. Wharton *suggested it*, but I did not suspect it, because there were no symptoms of opium poisoning present.

Again on page 336, he makes me say that "tartar emetic was more soluble *in tea than in water.*" For reasons best known to Prof. Reese he suppresses the very important sentence, "*if the tea be hot*, because *hot water* dissolves tartar emetic more freely than cold water." He further represents me as saying that I "had failed to discover in the lungs, brain, heart or liver any evidence of death from *other than natural causes.*" This is exactly the reverse of what I said. Equally unfair is his report of other witnesses.

Prof. Chew and Prof. Miles each state that had they known nothing of General Ketchum's case except from the symptoms, as detailed by Dr. Williams, they might be at a loss to assign a cause of death.

On the other hand, if they had witnessed the post-mortem *alone*, and had known nothing of his symptoms during life, they would equally have been at a loss to assign a cause of death. But when they combined the history of the symptoms with the post-mortem appearances, they had no hesitation in saying that General Ketchum "did not die from natural causes." Prof. Reese then asks if this is "a logical conclusion?" Certainly it is! It is perfectly comprehensible. Indeed we daily see illustrations of it, that there are many diseases where we would be totally at a loss to determine the cause of death, if we were confined either to the history of the case alone, or to the post-mortem alone, but the case is immediately explained by a combination of these means of investigation.

Then again, Prof. Donaldson is made to say "that the absence of the characteristic post-mortem lesions precluded the idea of death from cerebo-spinal meningitis." The truth is, Prof. Donaldson said "that the *preceding history of the case, and* the absence of the characteristic lesions," etc. Why does Prof. Reese suppress the important reference to "the history of the case?"

Then again (on page 337) Prof. Reese says, "among the symptoms referred to by the witness (Prof. Donaldson) no mention

is made of the most prominent ones of tartar emetic poisoning, viz: vomiting, purging, extreme relaxation and increase of the urinary secretion." If Prof. Reese had referred to page 56 of *Gazette's* Report, he would not have made so serious a blunder. For there he will find all these symptoms enumerated by Prof. Donaldson.

Then again, referring to the omission of the "vomiting, purging," etc., Prof. Reese adds "*all these* were absent in General Ketchum's case!" Does the Professor forget the testimony in reference to the vomiting and purging of Saturday and Sunday night? Does he forget the violent vomiting of Monday and Tuesday afternoons?

With these facts in evidence before him (and quoted in *Gazette's* Report) how can he say that they were *all absent* in General Ketchum's case?

Moreover, why does Prof. Reese represent Dr. N. R. Smith as a Professor in the University of Maryland, when he stated under oath that he was not connected with that institution?

But let us leave these unpleasant and unprofessional personalities, and briefly examine the scientific aspects of the trial.

(To be Continued.)

REFLEX PARALYSIS—A CASE PRODUCED BY MECHANICAL INJURIES.

By F. A. Simmons, M. D.,
Of Rochester, Mo.

Cases have been met with and recorded by medical men, of paralysis, which the amount of disease present in the nervous centers or coverings in post-mortem examinations did not satisfactorily account for, but which were associated with injuries and diseases of organs remote, and not immediately contiguous to the spinal marrow or the medulla oblongata.

These cases, I believe, are now generally regarded by writers as cases of reflex paralysis. Dr. Brown-Séquard was the first to use this term in his Lectures on the "Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities," in 1861; and Dr. Jaccoud, in 1864, after objecting to this term, proposed to name this variety of palsy "paralysis from peripheral irritation;" and Dr. Handfield Jones, in the same year, employs the term "inhibitory paralysis" in his "Clinical Observations on Functional Nervous Diseases." Mr. Stanley, in 1834, records cases of paraplegia in which no morbid lesions could be detected in the cerebro-spinal axis, but where gonorrhœa, or diseases of the bladder, or renal affections had existed. Romberg, Graves, Rayer, Spencer, Wells, and many others, from time to time, have recorded similar cases, showing that paralysis of remote parts may be associated with, and follow as an effect of renal disease, disease of the uterus, dysmenorrhœa, metritis, irritation from worms, teething, carious teeth, etc. If you scratch a pimple, the itching sensation is thrown to other and distant points, a homely but forcible illustration of the principles now under consideration.

But it is now my desire to briefly call attention to a variety of reflex palsy first spoken of by Drs. S. Weir Mitchell, George R. Moorhouse, and W. W. Keen, of Philadelphia, in 1864, which results suddenly from mechanical injuries, particularly gunshot wounds: "for example: a wound involving the muscles of the right thigh, followed by reflected paralysis of the right arm and left leg; a wound of the right thigh, causing paralysis of the right arm; a wound of the right testicle, followed by paralysis of the right anterior tibial muscle and peroneus longus; a wound of the external part of the left thigh, producing anæsthesia and analgesia of a corresponding part of the right thigh; a wound of the right thigh, probably involving the crural nerve, in which there was motor paralysis of the right arm." More examples might be given, and cases farther cited, but I deem those above quoted sufficient for illustration, and will give but one other example that came under my observation and care. Last fall, a German, forty-five years of age, fell from a loaded wagon; the wheel ran over his right leg, producing a very severe compound comminuted fracture, contusing and fearfully injuring the soft parts. Profuse suppuration came on, gangrene was strongly threatened, but eventually the wound healed. The man walked, but suddenly on the 6th day of April, 1872, some six months or more from receipt of injury, paralysis of the right arm manifested itself, especially affecting the deltoid and extensor muscles, but not involving the use of the flexor muscles. By placing the palm of the hand flat upon a table he could not raise it; by turning it over he could, with ease. Now, May the 20th, he has almost en-

tirely recovered the use of his arm, thus, by another example, supporting the remarks of prognosis made by Mitchell, Moorhouse and Keen: "That however great the lesion of motion or sensation at first, in all cases it grows better early in the case, and continues to improve until the part has nearly recovered all its normal powers; but in nearly all some relic of paralysis remains, even after eighteen months or more from date of wounding." They further remark that, "In some the part continues weak, in others there is still some slight loss of sensibility, and in others there persists considerable loss of power and sensory appreciation. In a case of reflex paralysis from a wound, we have, therefore, some right to expect that the patient will rapidly recover up to a certain point, but that in most cases a small amount of loss of power and sensation may be left." I have thus lengthily made the quotations above, because deemed so very applicable to the case cited, and hope they may be of interest, especially to those that may, perchance, have similar ones.

Medical Societies.

THE SUMTER CO., ALA., MEDICAL SOCIETY.

The Sumter County Medical Society held its semi-annual meeting in Livingston, on Tuesday, May 7th, 1872.

Dr. E. H. Sholl, president, presided. After the general business of the Society was transacted, Dr. R. D. Webb read an essay on "Healing Wounds by First Intention." The objects aimed at were the entire exclusion of *water* and *air* from the wounded surface. This was accomplished by gently wiping off the blood with a piece of dry lint, and after hemorrhage had ceased bringing the parts into exact juxtaposition, and covering the entire wound with one or two thicknesses of lint, saturated with copal varnish 2 parts, glycerine 1 part; to which is added five grains of carbolic acid to the f℥. In large wounds cotton batting is placed over this, and a muslin roller passed over the batting to keep it secure. The dressing is not disturbed for ten or twelve days. Two cases of amputation of thigh were reported as dressed in this manner. Healing was by first intention in both, except at the the lower point of flap, where the ligatures were brought out. Only slight suppuration at this point. One of them required only two dressings, the other three, before the patients were up and on crutches.

A thumb, entirely mashed off, except a piece of skin 3-16ths of an inch broad on anterior aspect, also reported, with complete union at a single dressing. This case presented the unique circumstance of *complete sensation*, both tactile and general, in the severed part at the removal of the first dressing ten days after injury. Hence he argued a union of the nervous filaments so complete as to transmit the nervous influence, since time had not elapsed for a projection of new filaments into the part (While writing this sentence the patient has accidentally come into my office. He assures me that he can detect no difference in sensations in the two thumbs. The injury was received ten months ago.)

Dr. Sholl reported several cases of "Neuralgia of the Ovary," and his experience in the "Use of Ipecacuanha in the Treatment of Dysentery and Typhoid Fever." A synopsis of these subjects had been already given by him through the Reporter.

He also related a case of "Secondary Shock" coming on more than an hour after the injury, which nearly resulted in the death of the patient. The collapsed condition was relieved by the hypodermic use of morphia and stimulants. The patient had ridden four or five miles in a sitting posture after the receipt of injury, previous to the collapsed condition. There was no hemorrhage, the injury being a contusion of the abdomen by a fall.

The efficiency of "Meat Extracts" as a nourishment for the sick was discussed, and serious doubts of their nutritious properties expressed by several members.

The following gentlemen were appointed to write essays for the next meeting:—

Dr. M. C. Kinnard—Relation between Physicians and Druggists.

Dr. J. M. Godfrey—Proper Standard of Medical Education.

Dr. J. D. Johnston—Naevi Materni.

Dr. R. D. Webb—Therapeutic Action of Mineral Acids.

Society adjourned to meet in Livingston, Oct. 29, 1872. R. D. Webb, *Sec'y.*

EDITORIAL DEPARTMENT.

PERISCOPE.

On Premature Rupture of the Membranes.

Dr. J. THORBURN, of Manchester, Lecturer on Midwifery in the Royal School of Medicine, writes to the *British Medical Journal*:—The question as to whether the true amniotic fluid may largely escape, and yet gestation be continued for any considerable time, is not one of opinion but of fact. No consideration of probabilities can materially affect it; and I submit, also, that no amount of negative experience can do more than increase the negative probabilities, while any authoritative statement of indisputable facts in the affirmative is conclusive. Such facts have occurred to me, and I believe that a careful search would elicit numerous others detailed by authors of much higher weight than myself. I turn to the only obstetrical work at the moment within my reach, Elliot's admirable *Obstetric Clinic*,* and I find at page 179 a case of induction of premature labor where, after the rupture of the membranes, gestation continued for twelve days, in spite of the constant use of the douche, sponge-tent, galvanism, catheter-introduction for fifteen hours, etc. Further on he mentions a case where the amniotic fluid dribbled for seven weeks; and at page 193 he states that he has occasionally met with this gradual discharge continuing for one, two, and three months, although he, of course, admits that it is a general law that uterine contractions supervene upon even the partial escape of the waters. Those who can persuade themselves that such an acute observer as Dr. Elliot could be deceived as to the phenomena which he has witnessed, will probably attach but little importance to my relation of facts; but, as skeptics of the kind must be rare, I proceed to narrate, very briefly, three cases bearing on the question at issue.

Case I.—In 1856 I attended a lady in her seventh confinement. Labor formerly had been always quick and easy; so it was in this case up to the completion of the first stage. The os was well dilated, the membranes were ruptured, and the hairy scalp presented. There the matter ended, however. I had prophesied a speedy termination, and, not being then so well acquainted with the difference between meddling and muddling as I now hope I am, I waited till tired nature could endure no longer, and went home to bed. Next day, and the next, matters were unchanged. The patient got up and moved about her room, although it seemed as if one good expulsive pain might complete the process. Not until the tenth day was there any recurrence of pain, when a living child was born, before even a messenger could be despatched for me. Every other point was normal.

Case II was of a precisely similar character. It occurred six years later, and the patient was, oddly enough, also in her seventh labor. Here I allowed matters to go on naturally, with my eyes open, and as a matter of scientific curiosity. The result was absolutely similar, with the exception that in this case twelve days intervened between the full completion of the first stage and the sudden delivery of a living child. I have not met with another case where nature has attempted this freak, and if I did, I should probably not fall in with her dilatory proceedings.

Case III was of quite a different kind. In June, 1868, I was asked to see a lady in the end of the seventh month of her first pregnancy. She suffered so much from sickness and consequent exhaustion, that I felt compelled to recommend the induction of premature labor. This I endeavored to bring on by the introduction of a catheter between the uterus and membranes. In attempting to do so, I accidentally ruptured the membranes a few inches above the os uteri. A very large quantity of fluid escaped, and the uterus, which had formerly been large for the period, collapsed and hardened. From that time the sickness ceased, and, though there was frequent dribbling of fluid, there were no other signs of labor. The patient went on for six weeks, and was then easily and rather quickly delivered of a living child, which, however, survived only a few hours. From its appearance, I fancied that the date of pregnancy had been somewhat miscalculated. From the time of the rupture of the membranes and cessation of sickness I made no further attempt to follow up the induction of labor.

These three cases alone seem to me to settle positively and affirmatively the question at issue. They prove indisputably that, after the escape of all or nearly all the liquor amnii, and the actual uncovering of the lower segment of the fœtus, labor may be delayed for at least twelve days without injury to mother or child. Can any one affirm that twelve days is the physiological limit? They also prove that the membranes may be even artificially ruptured, a very large quantity of fluid escape, and labor not supervene for six weeks, the phenomena being highly advantageous to the mother, and apparently not detrimental to the child. No one can dispute that the general law is otherwise, and the rarity of such exceptions as I have narrated only tends to further its proof.

* *Obstetric Clinic.* By George T. Elliot, Jr. New York, 1868.

Kerosene Oil in Chronic Rheumatism.

W. G. KEMP, L. R. C. P. London, M. R. C. S. England, Wellington, New Zealand, writes to the *British Medical Journal*:—Several cases have lately come under my notice in which the internal administration of kerosene has had the most decided and marked effect in chronic rheumatism. I am at a loss how to explain its action; but the fact that it has completely cured several cases will be seen from the following extracts.

Case I.—J. H., aged 46, sailor, had suffered from chronic rheumatism for twenty years. He never had an acute attack. He used to have agonizing twinges in his feet and legs; he compared the pain to that which would be produced by the skin being seized with a pair of tweezers and forcibly pulled. The attacks would come on about every ten minutes, and often last for three or four days and nights. He had been under medical treatment many times, but had never had more than temporary relief. He began to feel the interval between the attacks lengthen in six weeks after commencing kerosene; and in less than three months the pains had entirely left him. After discontinuing it for some time, the pain returned slightly, but was always cured by taking two or three doses. A teaspoonful was taken in a wineglassful of water every other night. The kerosene produced no unpleasant symptoms, no loss of appetite, no effect upon the bowels or kidneys.

Case II.—D. W., aged 50, a gardener, had suffered from chronic rheumatism for twenty years, being affected in different parts of his body at different times. About two years ago he had a severe attack in his back and limbs. He received no benefit from medical treatment. After taking kerosene for ten days he began to feel great relief, and in less than a month was sufficiently cured to resume his occupation. He has never had any attack since. No unpleasant symptoms arose from taking it; there was no effect upon the bowels or kidneys. The odor of the kerosene was perceptible in the urine.

Case III.—P. A. D., aged 50, a sailor, had suffered from chronic rheumatism for four years, being affected chiefly in the legs, arms, and back. He had great difficulty in rising up and sitting down. He received no relief or benefit from medical treatment; the symptoms always returned after leaving it off. He began to feel great relief after taking kerosene for about a month, and was sufficiently well in three months to leave it off. He was obliged to commence taking it again a few months afterwards, as he found the pains returning. No unpleasant symptoms arose from taking it. The odor was perceptible in the perspiration. The good effects were not so apparent in this case, owing to the patient being of a thoroughly broken-down constitution, and in reduced circumstances, so that he was unable to take as much care of himself as was necessary. He, however, found more relief from the kerosene than from anything else, and does so up to the present time.

Case IV.—J. W., aged 35, a grocer, had suffered from constant pains in his back and legs for twelve months, frequently being obliged to stay from work for several days together. For the last two months he had not been able to stoop down to tie his shoes. He received no permanent benefit from medical treatment. After taking three doses of kerosene he felt considerable relief, and is now, after taking it for a fortnight, able to walk with very little pain, and can stoop with ease. The kerosene caused slight diaphoresis, and acted as a stimulant and tonic. He says that he felt exhilarated after each time of taking it, and had more desire for food.

Case V.—Mrs. B., aged 56, suffered from rheumatism in the arms and hands for a number of years. She had been under medical treatment several times, but never was cured. She took kerosene for less than a month, and was materially benefited, and in about three months was perfectly well. She occasionally feels some return of pain; and after one or two doses of the oil it again leaves. She speaks of a decided tonic effect upon the system, becoming stronger and better after taking it.

Case VI.—Mrs. C., aged 32, had suffered from rheumatism for about six years, chiefly in her hands, being often obliged to do no work for days together. She had generally been obliged to go to the north of New Zealand during the winter. Medical treatment was of no avail. She took kerosene for about six weeks, and, being decidedly better, left it off. The pains returned after a few months; and, after taking a few doses of kerosene, she "turned against it so" that she refused to take any more. She became worse, however, and took it again. After a short time she felt decidedly relieved, though she is at times liable to a return of the pains.

There is another case, the particulars of which I am unable to get, owing to the patient having left for another province.

Although kerosene cannot be called a specific for rheumatism, I think that the cases here cited are quite sufficient to induce medical men to give it a fair trial. I am unable to find any unpleasant symptom caused by taking kerosene. The great objections with many people to taking it are the unpleasant taste and smell. Some have taken it in water or milk; but I have lately heard a patient say he could take it best with salt; a pinch of salt being put into the mouth and allowed to dissolve, and the oil then swallowed, mixed with about its bulk of water. I am not aware of the remedy having ever been used internally; but I trust some medical men will be found who will give it a trial, and record the results of their cases. Externally, it is of great use in cases of burns, whether severe or slight; it seems to relieve pain more than any other application, especially if resorted to as soon as the injury is received. I have known cases of

severe burn to heal up rapidly under its use alone.

The Agency of the Mind in Disease.

Dr. FLINT says, in a late number of the *American Practitioner*: — Among those whose work may be distinguished as *brain-craft*, they who suffer from the mental causes of disease are not the close students, the industrious authors, and the laborious lawyers, clergymen and physicians, in so large a proportion as men of business, speculators, and politicians. It is not the amount of intellectual work so much as the constant tension from anxiety and suspense, the alternations of undue exultation and despondency occasioned by the so-called caprices of fortune, and persistent over-excitement, which constitute morbific agencies of mental origin.

I will venture another statement, which, as I believe, observation will verify, namely, the calamities of life which, by way of distinction, we may call providential, are far less likely to prove morbific than emotional disturbances incident to a disordered imagination, irregularities of life, and unrestricted passions. By the term providential calamities I mean those which are in a great measure beyond human control, and therefore appear to occur more especially in the order of Providence; such as the death of relatives and friends, the loss of property by events which could not be foreseen nor provided against, and deformities or maiming by disease or injuries. Both mind and body tolerate such calamities much better than those for which the responsibility rests with man rather than with God.

Physicians, sanitarians, and moralists have of late had much to say respecting the evils of over-exertion of the intellect and of mental strain; and there has been much occasion for speaking of these sources of injury to mind and body in our country, especially during the past few years. But there is another aspect of the etiology of morbid mental conditions concerning which much less has been said, namely, deficient exercise of the intellectual powers, or insufficient activity of the mind, as a source of morbific agencies. Observation will, I think, show that evils of both body and mind originate quite as often in a want of the proper action of the intellectual and moral faculties as in their over use or excitation. Occupations which employ the intellect are likely to prevent inordinate attention to the bodily functions, and herein their influence is prophylactic. Abundant illustrations of the evils of deficient activity of the mind are to be found among those who, under the delusive expectation of enjoying leisure and rest, have relinquished pursuits which involved an habitual exercise of the mental faculties. Let me cite two examples from among those which have come under my observation.

A highly intelligent, energetic, and able merchant acquired a handsome competency at about the age of thirty-five. He then began to be apprehensive concerning his health. Fancying successively the existence of different diseases, he spent most of his time in watching for symptoms and in the study of medical works. At one time the kidneys were the organs under surveillance, and he became an expert in the chemical and microscopical examinations of the urine, in order to investigate daily this excretion in his own case. For several years he exemplified the varied phases of pathophobia. At length pecuniary reverses came to his relief, and it became necessary for him to engage anew in business. He did so, and from that time, for a period now of five or six years, he has been exempt from the delusions which had previously rendered life a burden to him.

Cotton Wool as a Surgical Dressing.

WM. WARREN GREENE, M. D., Professor of Surgery in the Medical School of Maine, writes to the Boston *Medical and Surgical Journal*:—

For at least five years past I have used the cotton wool almost exclusively as a dressing for wounds where I desired or expected union by "first intention," and for two years past have, to a great extent, substituted it for the carbolic acid dressings in the treatment of abscesses and suppurating surfaces. So gratifying and satisfactory, to my own mind, have been the results, that I am inclined to make a simple statement of facts for the benefit of the profession.

It is very likely that the use of this article is more common with surgeons than I am aware, but that it is not extensively employed, except for burns and scalds, I infer from the absence of any notice of it in the books or journals, and from the fact that among my acquaintances I know only three who had employed it to any extent, until I brought it to their notice. Of these all had employed it for its elasticity and lightness.

To Prof. Robinson, of this city, I am indebted for the suggestion of the employment of the particular form which I find preferable to all others, the "French wadding," which is made of the purest cotton, is thick, very soft and elastic, slightly glazed on the one side, and on the other presents a beautiful, soft, fleecy surface. Dr. Robinson has used it many years "for its lightness and elasticity," with the same results as I have observed in securing union by first intention. Dr. Tewksbury, of this city, and Dr. Fuller, of Bath, have both employed it for the same reasons, and with the same results.

After quite an extended observation of its merits as a light, neat, elastic dressing, simple and easy of application, and especially agreeable to the patient as compared with other appliances, and finding that, apparently, the healing process under its influence was remarkably rapid and favorable, it occurred to me that there must be some other quality operating than those men-

tioned, which contributed to the, sometimes, wonderful results; and I had only to refer to the experiments of Pastein and a host of others upon the vexed question of spontaneous generation, to infer that its capabilities of filtering the air of all spores or germs might, or even must be one of the main reasons why wounds thus dressed were so free from inflammatory or suppurative action.

With this view I have extended its use to the treatment of abscesses and suppurating surfaces, as well as to that of simple incised wounds.

In the case of ordinary wounds, either accidental or resulting from surgical operations, I have, in the last five years, *rarely seen one that did not unite by first intention*, excepting, of course, in the track of ligatures. A few cases in illustration will suffice. At my clinic in the Medical School of Maine, last spring, I amputated the thigh, at the middle, by the circular operation, and the wound, dressed with the simple cotton compress, united at every point by first intention, except in the track of the ligatures. It is hardly necessary to say that this exception obtains in every case. In ten ovariotomies I have dressed the abdominal wound in this manner, and in every instance the union has been perfect without any suppuration.

In a case of morbid growth (epithelioma), where, with the assistance of Drs. Wood and Dana, I made a very deep dissection of the external genitals of a female, removing a large amount of tissue, and leaving a very deep and extensive wound, under the cotton compress, firmly applied, perfect union occurred, without a drop of pus, within the week. In the case of a mammary tumor, weighing five pounds, removed in the presence of Drs. Robinson, Gerrish and others, the same result occurred.

I removed a fatty tumor from a young man's shoulder, which weighed four pounds, dressed it in the same way, and in four days the wound was entirely healed.

I assisted Dr. Tewksbury in amputating a thigh at the junction of lower and middle third, in which he made the antero-posterior flaps by transfixion, and dressed with cotton wool; union by first intention sealed the surfaces everywhere, except in the track of the ligatures.

I have recently made a series of seven plastic operations upon one patient for the restoration of the nose, lips, and part of one cheek, a case which most of the surgeons of Portland have seen, and which I exhibited to my class last spring, and under the same simple dressing every line of incision, after each operation, has healed by first intention.

I merely give these cases as illustrations of what is the result in my own, and, so far as I know, in the practice of others, who use the same dressing. Of course, under any plan of treatment not positively harmful, *exceptional* results happen that are equally good. But from what I may safely call an ample experience, I have never seen any management under which wounds heal so rapidly and with such freedom from inflammation or suppuration as this.

I feel very sure that any surgeon, having once given it a fair trial, selecting a pure, nice article of wadding, will never use any other dressing for simple incised wounds; and while I attribute much to the lightness and *elasticity* of the material, through which we secure, with comfort to the patient, equable, elastic pressure over the entire surface, I am inclined to attach great importance to its action as a filter. Certainly, this must be true, if the importance of atmospheric germs as exciting causes of inflammatory and suppurating processes is properly estimated by the profession at the present time.

Then why not carry its use further, and apply it to the treatment of abscesses and suppurating surfaces?

I desire here to call attention to a very important fact, and to this point the attention of Dr. Gerrish, a most careful observer, who was my assistant for a year and a half, as well as my own, has been specially directed. *In all the cases of recent wounds dressed with cotton wool, when the compress was so carefully applied as to exclude air around the edges, whether the wounds were closed or open, incised or lacerated, we have never seen a drop of pus upon raising the compress the first time.* When oozing has occurred, we have found the cotton coated with dried blood and lymph, but *no pus.*

A New Method of Destroying Faulty Cilia.

Mr. PATRICK J. HAYES, Surgeon to the Mater Misericordiæ Hospital, etc., gives in the Dublin *Medical Journal*, the following cases:—

Case 1. This patient was a young countryman, of strong, though rather strumous aspect. He stated that he was really of hardy constitution, and greatly enjoyed such exercise as attending gentlemen when out shooting; in fact, he was placed under my care by a retired military surgeon, who formed his acquaintance during the partridge season. The history given was, that for several years his eyelids and eyes had been weak and liable to frequent attacks of inflammation. This ultimately produced very marked trichiasis in the upper lid on the right side, and limited districhiasis of the left. The condition of the right eyelid gave rise to corneal ulceration, and at length the patient applied for relief to an able and well-known surgeon in the South. This gentleman at once removed the margin and hair follicles of the right lid, with lasting benefit to the sufferer, who, however, would not submit the left palpebra to similar treatment, especially as the faulty cilia were comparatively few, and he had learned to remove the most troublesome with a cilium forceps. On examination I found he had opacities of the right cornea, resulting from old ulcerations; also a slight amount of symblepharon and blepharo-phymosis; but the latter conditions did not produce any

real inconvenience. The left eye was somewhat irritated in consequence of the backward direction of cilia growing near the outer part of the upper eyelid, for though the patient had pulled out several large hairs, yet some fine and short ones often escaped the grasp of his forceps.

I informed the man that by a slight operation I believed the irritating eyelashes might be removed, but that nothing could be done to improve the condition of the right eye. This opinion afforded him some consolation, and he at once consented to the treatment proposed. I desired that in the meantime he should not remove any of the growing hairs, as they would guide me in adopting measures for their extirpation. Deeming the case a suitable one for the operation proposed by Herzenstein, I passed a subcutaneous ligature from the palpebral margin, so as to enclose the roots of the offending cilia; but the result was, to a certain extent, incomplete, partly because, in spite of my directions, some lashes had been extracted, and, therefore, the position of their follicles could not be ascertained when the ligature was being passed, but, also, an irregular line of very small hairs existed so close to the posterior, or conjunctival edge of the free margin of the lid as to render their obliteration by Herzenstein's method quite impossible. I now determined to employ subcutaneous injection of tincture of the perchloride of iron, which I knew from experience might be so used as to destroy the vitality of a very limited amount of tissue. I performed the operation in the following manner: A Desmarres' entropion forceps was applied to the eyelid, and so compressed as to cause arrest of circulation through the included portion. Next, a fine hypodermic syringe, charged with a few drops of the tincture of perchloride of iron, was passed obliquely through the palpebral margin, pushed to a point just above the roots of the abnormal cilia, and the tincture slowly injected, as it were, against the follicles. This proceeding was repeated in such a way that the oblique punctures included the group of cilia to be destroyed. After a few minutes the forceps was loosened, the lashes carefully pulled out, and the eye bathed with cold water. The patient suffered no inconvenience from the operation until the third day, when inflammatory swelling of the lid appeared. This was treated with bread and water poultices, until ulceration of the palpebral margin permitted the escape of a narrow slough of subcutaneous tissue, with complete removal of the hair follicles. The patient soon left hospital, expressing great satisfaction, and stating he never had expected to feel his eye so strong and free from all irritation.

Case II. My second patient was a young woman who had been previously under the care of a distinguished surgeon in one of the principal hospitals in this city. According to her statement she suffered for a considerable time from trichiasis affecting the lids of both eyes, which produced chronic conjunctival inflammation and superficial corneal opacities. About eighteen months before her admission to the Mater Misericordiæ Hospital she consulted the surgeon already alluded to, who most skilfully performed Arlts' operation; but although the patient consequently derived great ease and benefit, yet a few cilia, forming a limited districhiasis, continued to cause considerable annoyance to the right eye. As the other patient was at the time in hospital, and afforded most satisfatory evidence in favor of the injection treatment, I adopted a similar method in this case, and with like permanent relief.

The chief points demanding attention for the safe injection of tincture of the perchloride of iron are:—Firstly, That the eyelid should be firmly compressed between the blades of a suitable entropion forceps. Secondly, That the fine tubular needle of the hypodermic syringe should be passed, and applied, as closely as possible, to the deep ends of the hair follicles. And lastly, That only a very small quantity of the tincture should be introduced.

If those rules be adhered to the operation affords a simple, comparatively painless, and effective means for producing the required extent of madarosis.

Anatomical Anomalies.

Dr. MACALISTER says, in the *Dublin Medical Journal*:—Two explanations are sometimes given of such anomalies. One of these is, "that they are accounted for on the hypothesis of a fundamental unity of plan in animals." But if we analyze this as an explanation, we will find that though the expression enunciates an undoubted fact, that such a unity of plan exists, yet it contains no information or interpretation as to the cause of the unity, which, after all, is the point of which we are in search; for if muscle anomalies be (as they are) the accidental production in one animal of the normal structures of another, it is the cause of this, whatever it may be, final or secondary, which must determine the production of anomalies.

A second explanation is that such anomalies are accidental arrests of development, retentions of fundamental structures; but that this is wholly inadequate can be easily understood if we consider that the largest proportion of anomalies are never normal embryonic conditions in man—certainly none of the supernumerary muscles are so.

We are thus placed in this position: we must account for anomalies on one or other of the following grounds:—

1. Variety depending on variation of function.

2. Depending on evolution or on the plasticity of form and liability of the frame to return, in some of its details, to more primitive arrangements. In this sense alone are anomalies explicable as arrests of development.

Or else we must confess ourselves tho-

roughly incapable of explaining their occurrence.

A high authority, Dr. Carpenter, has warned us of the danger of hasty theorizing, but I think we should not condemn all theory. Under proper regulation a hypothesis is a most valuable aid in our studying and grouping of facts; besides, our consciousness is so conditioned that we cannot conceive of anything produced that is an effect, without its necessary and logical condition of a cause; these anomalies are remarkable phenomena, and the more closely they are studied the more it will be perceived that they are capable of definite classification, and that their production is apparently under definite laws; and a detailed study of individual abnormalities will, I believe, be found to bear out strongly the general principles herein enunciated.

Medico-Legal Aspects of Pretended and Concealed Pregnancy.

Dr. MADDEN says, in the *Dublin Medical Journal*:—Pregnancy may be feigned for the purpose of committing fraud or escaping punishment, and it may be concealed to avoid disgrace, or with the intention of perpetrating crime. The former cases are, I believe, much more common than is generally supposed, although they are less commonly obtruded on the notice of medical practitioners than the latter. Still their occurrence is a matter the possibility of which should not be forgotten, especially by those engaged in obstetric practice. I had written out the notes of one attempted case of this kind that came within my own experience, but for reasons that need not be dwelt on have determined to omit it from this paper.

I need not enter at length into the legal aspects of this question, as these are fully discussed by writers on medical jurisprudence.

PRETENDED PREGNANCY.

It is sufficient for our present purpose to state that two most important topics fall under this head. First as regards the existence of pregnancy, which may be pleaded in a criminal case as a bar for punishment, as the English Common Law, founded on the Roman Law, which exempted a pregnant woman from punishment until after her delivery "*Quod prægnantis mulieris damnatæ pœna differetur quoad pariat*," provides that if a woman be capitally convicted and pleads her pregnancy, though this is no cause to stay the judgment, yet it is to respite the execution till she shall be delivered. In this case a judge may direct a jury of twelve matrons, or discreet women, *de circumstantibus*, to be empanelled to try "whether the prisoner be with child of a *quick* child or not." For Blackstone distinctly states what appears to be still the law of England, that "barely with child, unless it be alive in the womb, is not sufficient."* If she be found quick with child she is respited until she is either delivered, or proves by the course of nature not to have been with child at all, otherwise the sentence will take effect.

If cases such as I have recorded, in which not only women who had no motive for practicing any deception, and who had before borne children, went on throughout the course of pregnancy, until almost the moment before delivery, without ever suspecting themselves with child, and in which qualified medical men, on examining such women, denied that they were pregnant, as well as the more numerous cases in which the contrary error was made, have any value whatever, it is that they show the absurdity of the law in committing the solution of a question of such gravity as this, which may involve the issues of life and death, to any twelve matrons, however ignorant, who may happen to be present when this plea is raised. Nor can anything more at variance with common sense and modern physiological science be conceived than retaining the barbarous distinction in such cases between a fœtus after the sixteenth week, when *quickening* was supposed to occur, and one before that period, as the veriest tyro in medical study should know that the living embryo at the moment after conception is as certainly living, or quick, as the fully matured man in the prime of his manhood, and that the crime is as great to destroy the one as the other.

Within the last few weeks this very issue was raised in the case of Christina Edmunds, who, on being found guilty of murder at the Old Bailey, pleaded pregnancy in arrest of judgment, and being found to be "not *quick* with child" by the jury of matrons who were empanelled to try this question, was sentenced to death, and would have been accordingly executed had she not been respited on other grounds. There can be no doubt that cases have occurred in which pregnant women have been executed on the faith of the verdict of "not quick with child" of a jury of matrons. An execution under such circumstances is unquestionably the judicial murder of the child.

It is certainly full time that measures should be taken to alter the existing most barbarous law on this subject, and this should be done before the unborn offspring of another woman is sacrificed as a victim to the ignorant inhumanity of our penal code. For, as experience has proved in similar cases, it is by no means impossible, though improbable, that the wretched woman to whose case I have referred, Christina Edmunds, might have been truly pregnant, despite the verdict to the contrary of twelve ignorant women, to whose decision the most difficult question in medical diagnosis is left by law.

CONCEALED PREGNANCY.

Concealed pregnancy is of much more frequent occurrence than feigned gestation. This subject, though one of great practical interest, is altogether too wide a one for con-

* Blackstone's Commentaries, p. 395.

sideration within the limits of a paper such as this, which is already, perhaps, over-long. But still I would desire to call attention to the fact that the practice of concealing pregnancy, with the intention of committing child murder, or of procuring abortion, and especially the latter, is, I fear, becoming of late years more common in this city than was formerly the case. The reasons for this are the increasing proportion of illegitimate births, owing to circumstances still in operation arising out of the famine period, since which the proportion of the married to the unmarried, previously greater in Ireland than in almost any other country, has been considerably diminished. One result is that illegitimate births are more frequent than they were in Ireland. But this increased proportion of illegitimate births is by no means a full measure of the extent to which the evil to which I have referred has gone. For of late years, with the deluge of cheap bad literature which is poured into this country, and which circulates chiefly among the class that constitute the majority of the unmarried patients of the lying-in hospitals, a still greater evil has become familiarized to the oftentimes badly-reared and sorely-tempted victims of seduction, who too often seek what they falsely believe to be a safer mode of escaping the penalty of their error. Hence it now becomes more than ever necessary for every medical practitioner to be prepared to meet with cases of concealed pregnancy and attempted abortion, under various disguises, and thus be able to detect and frustrate such crimes. So often have I detected pregnancy in patients who applied for emenagogues, under the pretext of simple amenorrhœa, and who were most indignant when any doubt was thrown on their statements, that I never, under any circumstances, prescribed any emenagogue at the dispensary until I had convinced myself that the case was a fit one for their administration. In other words, the safe rule in such cases I believe to be just the reverse of the legal maxim, and we should, in cases of amenorrhœa with the history and causes of which we are not perfectly acquainted, treat the patient as though she was pregnant until we are satisfied that she is not so. But I need not add that we should do this without expressing any suspicions that may, after all, be unfounded, and simply order some placebo when pressed to prescribe emenagogues, until, by a little observation, we have time to ascertain the true state of the case.

A considerable number of instances of concealed pregnancy have from time to time come under my observation. Among these I may mention that of a young country girl, who succeeded in persuading a number of experienced medical practitioners in different parts of the country into the belief that she was suffering from an ovarian tumor, she being at the time advanced in pregnancy, the existence of which was not even thought of. So far was the deception carried that a treaty was entered into with an eminent surgeon for the performance of ovariotomy. But as the fee required appeared to the girl's relations to be very large, they got her admitted as a patient into a metropolitan hospital, although they could well have afforded the necessary expense of medical treatment. She was admitted into the hospital as a suitable case for ovariotomy, but a few days after admission the true nature of the case being detected, she was transferred to the Rotunda Hospital, where she was delivered the day following her admission. Even when labor set in she still, however, persisted in denying that she was or could be pregnant; and it was not till the child was born that she confessed the truth.

Cases such as those just related show the importance of every medical practitioner making himself thoroughly familiar with the diagnosis of all the cases in which pregnancy may be feigned, concealed, or counterfeited, either by art or by disease.

On a Method of Detecting Small Quantities of Sugar in Urine.

Dr. J. SEEGEN, Professor in the University of Vienna, says, in the *British Medical Journal*, Trommer's is the most reliable and delicate test for sugar. With its aid I am able with certainty to make out 0.3 *milligramme* (0.0046 grain) of sugar dissolved in 10,000 times the amount of fluid. This great delicacy of the test, however, only holds good as long as we have to do with a watery solution of sugar. If, on the contrary, small quantities of sugar are to be detected in urine, Trommer's test is neither delicate enough nor reliable, for two reasons. 1. Urine contains certain substances (coloring matters, creatine) which prevent the suboxide of copper when formed from being precipitated; no separation of the reduced suboxide of copper, therefore, takes place, the blue fluid only becoming yellow or yellowish-brown, or presenting a turbid discoloration. 2. The same processes of reduction are also brought about by uric acid; and urine containing a considerable amount of uric acid acts on Fehling's test-fluid exactly in the same manner as urine containing 0.1 to 0.2 per cent. of sugar.

The method devised by me has for its object the exclusion of those other constituents of urine which would disturb the proper action of the test, and the transformation, as it were, of the saccharine urine into a watery solution of sugar. Animal charcoal has the property of retaining most of the constituents of urine, more especially the coloring matters and uric acid. After filtering a watery solution of uric acid through animal charcoal I could (provided the charcoal had been good), after repeated filtrations, not find a trace of uric acid in the filtered fluid. Now, in order to detect small quantities of sugar in urine, I proceed in the following manner.

I filter one or two ounces of the urine several times through good animal charcoal until the urine is completely colorless. This

operation only takes a few minutes. Then I wash the charcoal on the filter with a little distilled water, and to this water, when filtered off, I apply Trommer's test. The water with which the charcoal has been washed is almost as sensitive to Trommer's test as a watery solution of sugar, and in it I could detect even 0.01 per cent. of sugar by a beautiful red precipitate of suboxide of copper, whilst the original saccharine urine, when not filtered, only produces a yellow discoloration of Fehling's test-fluid. With urine containing a little more sugar—say, 0.1 to 0.2 per cent.—the water flowing off from the second and third washing acts even more energetically upon the test-fluid than that of the first washing, producing an even purer deposit of suboxide of copper. The water obtained by the subsequent washings thus evidently contains the sugar in a purer form. With normal urine, the water obtained by the above process is either entirely inactive towards Fehling's test-fluid, which remains blue, or it assumes only after a while a slight dichroid (varying color according as the light falls on or passes through) turbidity. The water obtained by a second and third washing always remains without any effect. When the quantity of sugar has to be determined, the urine must not be filtered through charcoal, as the latter always retains a certain quantity of the sugar which cannot be removed again by washing.

Reviews and Book Notices.

NOTES ON BOOKS.

——The Catalogue of Medical Books published by J. B. Bailliére et fils, contains numerous titles whence one can select standard authors on all branches of medicine. It can be obtained from L. W. Schmidt, 24 Barclay street, New York city.

——The French physicians are rapidly resuming that literary activity which so honorably characterized them before the great reverses which recently overwhelmed and temporarily paralyzed their country. An interesting subject is the one chosen for a treatise by Dr. E. Derlon, "On the Influence of the Progress of the Sciences on Therapeutics." Drs. J. Jean and L. Malassey have published a monograph, illustrated with colored plates, on the clinical study of anal ulcerations, a surgical point of no light importance. Hasheesh receives another exhaustive examination as to its therapeutic and intoxicant qualities, by Dr. F. Villard. The third part of Dr. A Mattei's *Clinique Obstetricale*, as well as another work by the same writer, entitled *Fragments d' Obstetrique*, are among the recent publications. The latter were published originally in the *Tribune Medicale*.

BOOK NOTICES.

Diary of a Spring Holiday in Cuba. 1 vol., cloth, 8vo. pp. 124. Illustrated. Philadelphia, 1872. Porter & Coates.

This charming little volume, as choice in appearance as it is entertaining in style, gives the freshest, most vivid, most picturesque description of the social life, climate, and natural scenery of "the Pearl of the Antilles" which we have read for a long time. It is the narrative of a visit to the island in last March, by the author (whom, perhaps, there will be no indiscretion in identifying with Dr. R. J. Levis, of this city, once editor of this journal, and whose contributions to surgical science are familiar to the profession everywhere). He visited Havana and Matanzas, crossed the island to the southern coast, spent some weeks in the interior on a sugar plantation, and saw Cuban life in all its aspects. His wife accompanied him, and if we are not mistaken, we are indebted to her pencil for the characteristic sketches and charming vignettes with which the pages are well supplied.

A solid value is attached to the work by the observations on the climate, and the adaptability of the island as a resort for invalids. Whatever charms the balmy temperature and sweet scented breezes have, however, to the invalid, weary of the harsh North, they are very sensibly diminished by the mean accommodations, the garlicky smells, and poor service of the hotels. It is another case of

> "Ceylon's Isle,
> Where every prospect pleases,
> And only *inns* are vile."

To any who contemplate a visit to Cuba, we commend the study of this volume, and all who wish a few hours' pleasant reading will not be disappointed in it.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 1, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

"HUMANIZED" VACCINE VIRUS.

The attacks which have been made by interested and not over-scrupulous traders, backed, as we lately observed, by rash and injudicious physicians in some instances, upon vaccination by virus from the human subject, deserve severe condemnation at all hands. The arguments used to depreciate the ordinary "humanized" virus (as they call it) are chiefly two, namely, that it is not efficacious, and that it not rarely introduces syphilis, etc., into the system.

We quoted Dr. LANOIX'S assertion (which, in the shape of a circular, has been sown broad-cast over the land by a New York drug house), that in this city had occurred one of the most striking proofs of this lack of protective power; we also challenged him for the proof of that assertion; and as neither from him nor from his medical representatives in this country, nor from any other quarter, has any corroboration of his statement been sent us, we emphatically and distinctly pronounce it incorrect, and we consider him and those associated with him in circulating a statement so unfounded and so detrimental to public health, open to the gravest censure; the more so as it is done merely to put money in their purses by selling kine-pox at high rates. We warn the profession against placing any credence in that pretended fact, and we leave them to judge what trust can be reposed in any other statement in the circular when this one is so utterly unsupported.

So far from the experience of the past winter in this city—which has been most extended and carefully noted—justifying either of the above charges, exactly the reverse is the case. The Report of the Board of Health, now out, proves this conclusively. It includes the reports of the city vaccine physicians, who always used "humanized" virus, and their verdict is most clear and favorable to its use. Dr. LEAMAN says that in three thousand vaccinations he has met but one case of erysipelas, and none of syphilis. Dr. BALDWIN prefers virus of several removes from the cow. None of them report a single case of constitutional disease contracted from virus.

On the other point, they are equally explicit. Their "faith has been strengthened" by the evident protection they have seen the virus give. Repeated and extraordinary instances of this are given, for which we refer to the Health Report (p. 27, etc). Recent re-vaccination proved substantially a perfect protection in 1227 varioloid subjects at the city hospital, there being only two who had recently been re-vaccinated. Vaccination proved not less successful in infants than in adults; the virus did not manifest a loss of protective power after repeated transfers; and altogether, the results of the investigations are not at all in favor of kine-pox speculators, and altogether damaging to those professional men who uphold anti-vaccination theories.

THE LIMITS OF SANITY.

It is notorious how difficult it is to draw the line which separates the sane from the insane mind. When we read the diagnostic traits of mental disease as described by Dr.

FORBES WINSLOW and other alienists, we are seized with a kind of vertigo, and begin to doubt whether half our acquaintances, for whose mental poise we have hitherto entertained the utmost respect, are not in fact in a very questionable condition.

How much more those "fools of quality," the heroes and martyrs of the world, the man of one idea, the devotee, the renunciant,

> "The poor enthusiast, who dies
> To his life's dream a sacrifice"?

What are we to say of them? Are they all crazy as a March hare? Or do they get a glimpse of something which we mere mortals, "compact of common clay," cannot attain to? And the prophets and seers, whether of religious, political, or scientific truth, who waste their whole lives in watching the blind evolution of some great idea, who live in toil and mean shifts, who die in wretchedness, but never lose their faith, are they, too, but fools? Columbus, who wanders from court to court, guided, he thinks, of God, oppressed by poverty, discarded after his best success, a miserable jail-bird, dying without knowing the magnitude of his work, but true to himself, to his faith, to his personal intercourse with the divine mind, would he not in our enlightened age have been very properly put in an asylum by a commission *de lunat. inquir.*?

In some lectures recently published in Germany Dr. HAGEN has discussed these anomalies of mind. He takes up some of the most eminent and remarkable, and asks the question whether Joan of Arc was a partially insane person, as Calmeil, Lelut, and Moreau have supposed. He admits that appearances at first sight are much against her—

If you asked me, in fact, what I should do if a peasant girl were introduced to me at this day, who went about with a standard in her hand, and announced that she was called to revenge the shame of Germany, because the Virgin Mary appeared to her every day and commanded her to do so—if you asked me whether I should refuse to receive her into the asylum, on the ground that she was not insane, I should be compelled to answer "No, I should not refuse." And I believe you would all be of the same opinion.

Nevertheless, while admitting the daily visions which she believed she had to have been truly hallucinations, he holds that her reason was not affected. He places her in the same category with Socrates, Pascal, and Nicolai, of Berlin, whose examples prove that there may be hallucinations both of sight and hearing, not unlike those which Joanna had, while the mind remains perfectly sound. At that time the belief in the possibility of a direct intercourse with spirits, good or bad, was general; not only the heroine herself, but her contemporaries, friends as well as enemies, bishops and learned persons, and the University of Paris, were convinced of the fact that in her case there was a real intercourse with spirits, only that to the French, to whom they were useful, they were good spirits; to the Burgundians and English, to whom they were hostile, they were evil spirits. To declare the whole generation insane because of such a belief would certainly be, as Dr. HAGEN says, a little too strong. Notwithstanding her hallucinations, and the bodily disorder which they indicated, he holds that Joanna was a true heroine, sane in mind, who steadfastly pursued through extraordinary difficulties, with singular sagacity, perseverance and bravery, the noble aim of delivering her unhappy country from its enemies, and so acquired immortal fame. A remarkable, but by no means solitary, instance, which might be adduced to show how powerfully the course of human events has been affected by persons who, had they lived in this age, would unquestionably have been shut up in lunatic asylums.

We need not go so far back in history to see persons becoming eminent through a similar want of power to estimate the forces they combat against. John Brown was such a character; a man who attempted as crazy an undertaking as Joan of Arc, and who, by a curious combination of circumstances, in utterly failing started a revolution of far greater magnitude.

Notes and Comments.

Insecticides.

Many of the *Anthemidæ*, such as chrysanthemums, chamomiles, etc., possess in the sexual parts of the flower a narcotic matter which has a great effect upon insects, and will even kill small ones. In *Pyrethrum roseum* and *P. carneum*, just within the disk, this matter is found in considerable quantity. In order to prepare the powder to advantage, only the centre of the flower must be used, which must be cut before the seed is fully formed. The Spaniards, to keep off gnats, burn the centres of the horse daisy (*Chrysanthemum leucanthemum*); and the powder of the mayweed (*Anthemis Cotula*) has also been used for destroying insects. In some parts of Belgium this plant is fastened by the country people to branches where swarms of bees have settled (after they have been secured), to prevent them from leaving the hive. The Mohammedans and Tartars have long employed the powder of the *Pyrethrum* against all insects indiscriminately. To destroy flies, gnats and bugs, they burn it on an iron plate, which they heat slowly, in order to produce more smoke.

The Spilanthes Oleracea.

At a recent meeting of the Agri-Horticultural Society of Madras, a reference was made to the medicinal properties of *Spilanthes oleracea*, especially as to its use as a remedy for toothache.

Colonel Pears, who communicated the fact, says that it was administered on the recommendation of a native servant to a friend of his who was suffering from very severe toothache, and that it effected a perfect cure in a very short time. Dr. Hunter pointed out that the *Spilanthes* contains some acid principle, and, when chewed, causes a copious flow of saliva. The use of such articles for the relief of toothache is of very ancient date in European medicine, the pellitory of Spain having long been used as a masticatory in cases of toothache. The *Spilanthes* is probably just as effective as the pellitory, and is, moreover, easily obtained in India.

The plant, which belongs to the *Compositæ*, is an erect, branching annual, growing about twelve or fourteen inches high, and having small yellow flower-heads at the ends of the branches. It is well known for the peculiarly pungent taste of its leaves, on which account it is frequently cultivated in some tropical countries for use as a salad and pot-herb. It is known as Pará grass; in Japan it is called Ho Ko So.

Nitrite of Amyl.

Dr. F. Porter Smith, of Shepton Mallet, sends the following respecting nitrite of amyl:—

It may be remarked, with reference to the effect of nitrite of amyl in causing flushing of the face, that Chinese "samshu" (*i. e.* thrice distilled), or native corn brandy, produces upon the people a remarkable reddening of the eyes and whole head, with a very evanescent excitement.

This is due to the presence of fusil-oil (amyl-alcohol), and has exercised no small influence upon the drinking habits of the Chinese.

Internal Intestinal Obstruction—Operation—Recovery.

Dr. Giosué Marcacci, of Siena, relates, in *Lo Sperimentale*, for March, 1872, the case of a young man aged 25, who had inguinal hernia on both sides. On October 16th, 1871, after eating a hearty meal, he was seized with symptoms of strangulation, and was admitted into hospital. The symptoms for two days alternately relaxed and returned; and throughout the hernial protrusions were found to be reducible. There was some tumefaction in the right iliac region. The symptoms having returned with increased intensity, Dr. Marcacci, on the 18th, made an incision over the hernia on the right side, and found it to consist of epiploon, forming an infundibulum. On passing his finger up this, he encountered at its upper end a loop of intestine. He then enlarged the incision along the crural arch, and found the intestine tightly strangulated by a hard fibrous band continuous with the epiploon; this band was carefully divided, when the intestine at once became free. The strangulated intestine was red and somewhat swollen, but its texture was healthy. The patient left the hospital cured at the end of a month.

Spina Bifida Cured by repeated Tapping and Pressure.

At the meeting of the Lisbon Society of Medical Sciences on February 17th, Dr. Camara Cabral communicated a case of

congenital spina bifida which he had successfully treated. The patient was a child aged twenty-five days, which was brought into the St. Joseph Hospital on November 21st. It had in the lumbo-sacral region a swelling forty centimeters in circumference, seventeen in vertical and ten in transverse diameter, and six in depth. It fluctuated, was transparent like a hydrocele, and appeared to contain not only fluid but some solid body. Pressure on it did not produce any convulsions, nor were there any paralysis or other symptoms denoting lesion of the spinal cord. It was therefore concluded that the tumor consisted exclusively of a hernia of the meninges, filled with fluid. On the 29th it was tapped with a Dieulafoy's trocar, and 400 *grammes* of a transparent yellow fluid, containing an abundance of albumen, were removed. Compression was applied by means of adhesive plaster. No symptoms followed the operation, beyond some vomiting and loss of appetite. Some days later, the tumor having again enlarged, 250 *grammes* of liquid were removed; and on December 14th, 425 *grammes*. The defect, which was found to be in the situation of the fourth and fifth lumbar vertebræ, was gradually diminishing. On a fourth and a fifth occasion, puncture was performed at intervals of some days; the quantities evacuated being respectively 175 and 125 *grammes*, and the fluid being more highly albuminous than before. After the last two operations, there was some meningitis, which yielded to ordinary remedies. The child made a good recovery, and was exhibited at the meeting at which the case was described.

Fluid Collections in the Tympanic Cavity.

Dr. EUGENE WEBER describes in the *Monatschr. fur Ohrenheilkunde* (1871), the secretions which accumulate in the cavity of the tympanum, and makes some observations on their treatment. An increase of the normal secretion of the cavity may occur as the result of hyperæmia of its lining membrane; sometimes the result of chemical or traumatic irritation, but generally of a passive character. It may be favored by disturbances of the nervous system, by general plethora, or by disease of neighboring or important organs, as the brain, heart, or lungs. There may also be accumulation of pus or of serum; the latter being mostly of acute origin, the result of certain irritations which lead to the effusion of fluid containing albumen and saline matters. The diagnosis of the nature of the effusion in the cavity can only be accurately made by introducing a catheter through the Eustachian canal, and making a microscopic examination of the fluid removed. With regard to the treatment, Dr. WEBER says that, in case of moderate excess of secretion connected with ordinary catarrh, the latter must be first treated; and in many cases this will be sufficient.

Extract of Meat.

Professor ARTUS, of Jena (*Wien. Med. Zeit.*, No. 3, 1872), recommends a new method of making extract of meat, which possesses the advantage over that of Liebig in retaining the albumen, gelatine, and fat, which are all removed by Liebig's process, and which would seem, from recent experiments, to be the only really nutritious elements of the meat. For this purpose, by a very simple apparatus, an extract of the meat is made first with cold water; this dissolves out the soluble salts, the albumen, and part of the gelatine and creatine. The meat, after extraction in this way with cold water, is then boiled for an hour in a Papin's digester, and the liquid pressed out. The fat is skimmed off the surface, and this extract is mixed with the cold extract. The mixed extracts are then evaporated down to a proper consistence in a sand-bath, or better, in a vacuum-apparatus. This certainly seems a much better way of preparing an extract of meat than any of the methods which necessitate the throwing away of the most valuable constituents.

Test for the Purity of Creasote.

The wood-creasote of Reichenbach has long been known as a therapeutic and antiseptic agent of considerable value. For it has recently been substituted in commerce, phenic or carbolic acid, a substance of different properties. To distinguish these bodies, Mr. THOMAS MORSON, of the firm of Morson & Son, has discovered a very simple test. It is only necessary to mix the suspected sample with pure glycerine; pure creasote is insoluble in this medium; carbolic acid makes a bright solution, and, when present in considerable quantity, it makes creasote also soluble in the mixture.

The Wharton Trial.

We commence, on another page, a review by Dr. P. C. WILLIAMS of Professor REESE'S history of the trial of Mrs. Wharton, as given by him in the *American Journal of the Medical Sciences*. It contains a narrative of this *cause celebre*, from the point of view of the State, while Professor REESE'S was in favor of the defendant. It will appear strange to many, yet such is the fact, that the journal in which Professor REESE'S article appeared declined its review by Dr. WILLIAMS, without any examination. Which of their views may be right, readers will decide for themselves; but all must agree that the cause of true science cannot be advanced by a refusal to give both sides a hearing.

CORRESPONDENCE.

DOMESTIC.

Diminutive Babies.

ED. MEDICAL AND SURGICAL REPORTER:

The following items of births of *liliputian* size I deem of sufficient professional interest for publication in a medical journal.

The subjoined is copied from *The Republican*, a very respectable newspaper published at Monticello, Sullivan Co., N. Y., and the item in question being obtained from the immediate neighborhood of its publication is, therefore, supposed to be truthful. It is recent.

"Mr. and Mrs. John Spoch, living at Pleasant Lake, near Monticello, have a daughter four weeks old that weighs *three and one-half* pounds! An ordinary sized finger ring would span the infant's wrist. She seems to be doing well, and bids fair to grow."

Mr. Walter Vail, a very respectable citizen of Cochecton, also of Sullivan Co., N. Y., seeing the above item, communicates the following to the editor of the *Independent Republican*, of Goshen, N. Y., under date of April 18th, in respect to the diminutive size of a child of his own:—

"On December 29th, 1870, Mr. and Mrs. Walter Vail, of Cochecton, N. Y., had a daughter born to them which weighed at birth *one and one-half* pounds; and at ten weeks old it weighed *two and one-half* pounds. She is still living, and weighs *twenty* pounds."

J. H. THOMPSON, M. D.

Goshen, N. Y., May 6th, 1872.

NEWS AND MISCELLANY.

Bust of Delpech, of Montpellier.

A bust of Delpech, the celebrated surgeon of Montpellier, and the contemporary and rival of the more widely known Dupuytren, has just been inaugurated with great *eclat* at Toulouse, his birthplace. The municipality of Toulouse, the professors of the University, and a deputation from the Faculty of Medicine of Montpellier, assisted at the ceremony, in presence of a large assemblage of the citizens. Forty years have elapsed since the death of Delpech, who was assassinated at the age of fifty-five, by a fanatic imagining himself to have a grievance against the surgeon.

Patents Issued.

List of Medical and Surgical Patents issued from the U. S. Patent Office to United States inventors, for the week ending May 28, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.

Medical Compound or Liniment.—William H. Wagoner, Hurd Post Office, Pa.

Dental Drill.—Wm. M. Reynolds, New York, N. Y.

Abdominal Supporter.—A. F. Kirk, Chicago, Ill.

American Medical Association.

The *official minutes* of the late session in Philadelphia are now in press, and will shortly be issued in pamphlet form. Price 50 cents. W. B. Atkinson, M. D., Permanent Secretary, 1400 Pine st., Philadelphia.

The Election in the Jefferson Medical College,

Which placed Dr. J. DA COSTA in the chair of Practice of Medicine, is now known to all our readers. In reference to his eligibility for the position, the profession throughout the country will agree with us in what we said in the REPORTER of April 20th. We predict for the college a career of the greatest usefulness under his instruction. It is by placing men like him, of acknowledged scientific ability, in such positions, and not by giving them to those whose recommendations are chiefly of wealth, family, or local influence, that the cause of education is advanced, and an institution honored.

DIED.

McILROY.—In Mott Haven, Westchester Co., N. Y., on the morning of March 29th, Effie Bates, only child of Samuel H. McIlroy, M. D., aged two years, two months and ten days.

THE

MEDICAL AND SURGICAL REPORTER.

No. 797.] PHILADELPHIA, JUNE 8, 1872. [VOL. XXVI.—No. 23.

ORIGINAL DEPARTMENT.

CONCERNING THE DOCTRINE OF ARTIFICIAL PERFORATION OF THE MEMBRANA TYMPANI.

A CLINICAL LECTURE BY PROF. JOSEF GRUBER,

Aural Surgeon to the Royal Imperial General Hospital in Vienna.

Translated for THE MEDICAL AND SURGICAL REPORTER, *at the request of the Author, by*

DR. C. H. BURNETT,

129 South Fifteenth Street, Philadelphia,

Aural Surgeon to the Philadelphia Dispensary.

In the year 1862, in a lecture upon catarrhal inflammation of the middle ear, delivered before the Royal Society of Physicians in Vienna, I expressed the opinion that the formation and accumulation of exudation in the middle ear, accompanied by a narrowing or closure of the Eustachian tube on the same side, should be regarded and treated as a process connected with the formation of an abscess. Since that time this idea has been adopted by all rational aural surgeons, especially since it found such firm support from Schwartze. And, whereas at that time artificial perforation of the membrana tympani was only known as connected, twenty years previous, with an operation for the improvement in hearing in some cases of aural affection, it now belongs to the most common of surgical operations, more especially since my researches on the partial exsection of the membrana tympani have become fully known. Since that time it has become more and more evident that my opinion was correct, and, as by the timely opening of an abscess, or by a skillful alteration of an opening which already exists, we may hasten its cure and remove the dangers of an otherwise injurious advance of the process, so in suitable cases, by an artificial perforation of the membrane or an alteration of an opening already existing, if performed at the right time and with a proper knowledge of the subject, we are able not only to benefit the patient immediately in respect to his hearing, but also, assist him, so far as other affections connected with this disease of the organ of hearing are concerned. The views which others and myself have entertained, that such an operation in many cases of otitis media, suppuration may have a real *indicatio vitalis*, is now firmly established in the otological world. In cases of acute purulent inflammation of the middle ear, with intact membrana tympani, or where the membrane is already perforated but not at a point favorable to the escape of pus, it can very easily come to pass that through retention the pus is decomposed, and by such decomposition further injurious effects may be produced. Or, that the pus may pass from the organ of hearing to the cranial cavity, through the many passages which connect the former with the latter, and by thus invading the brain and its membranes bring about a *fatal issue*, which might have been avoided had we effected a timely removal of the pus by a paracentesis of the membrana tympani. The usefulness of an artificial perforation of the membrana tympani in such cases as have just been mentioned was so evident and agreed so fully with the general doctrines of our own surgical school, that its dissemination was no difficult task. As soon as the simplicity of the operation became known, and the readi-

ness with which the wound closed after the escape of the pus had been observed, the operation became one of frequent use, and we might even suppose—from the recent publications on this topic—that too great an enthusiasm had been kindled among the younger members of the profession, and that they should be warned against rashness. I mention this because many have endeavored to fix a precise time for the operation in cases of accumulation of exudation in the middle ear, which fact alone has demonstrated an insufficient knowledge of the disease, as well as an imperfect appreciation of the operation. Hence I cannot agree with Schwartze, when he says the third day of the process, if accompanied by uninterrupted severity, is the proper time for the paracentesis, although I agree most fully with this distinguished observer in other points respecting this question. Such an opinion has the same value as if a surgeon should say that if an abscess continue with unchanged severity without opening itself, the third day is the best time to open it artificially. It were, indeed, desirable to be able to express so mathematically in the surgical world that which indeed is obtained only by *invaluable* experience, and if any one pretends to express in figures the proper time for the undertaking of a surgical operation, it would be well for him, as well as his patient, if he retired from the practice of the healing art.

That which I have already uttered in my work on the treatment of diseases of the ear (page 59) respecting this point I must still firmly adhere to:—"If the eustachian tube is narrowed or closed, or on account of the rapid formation of the exudation is insufficient to carry off the accumulated pus, the artificial perforation of the membrana tympani, by means of paracentesis, is most urgently demanded."

What I have written at that point does not state the precise day of the disease on which the operation should be performed, but every specialist will have already learned by experience that under some circumstances he could have operated with advantage on the occasion of his first visit, while in other cases he could have waited a week, where the symptoms were not urgent. It has even happened to me, that timid patients, who have refused to permit the operation, have obtained relief by other means, and eventually recovered without any operation. On this account, however, we are not to suppose that the worth of the operation is diminished, since similar instances connected with other surgical questions can be quoted without detriment to the current theories, and I am of the opinion that by not giving such accurate data, "we not only *do not* perplex the non-specialist, but also satisfy our own consciences."

In such cases as have already been mentioned, I proceed to perform artificial perforation of the membrana tympani when the subjective symptoms are very urgent and I am able to benefit the patient in no other way, nor prevent his condition from becoming chronic and producing unpleasant as well as dangerous results. Before proceeding to this operation, in cases of catarrhal inflammation, we must not neglect to seek aid by means of the air douche. I mention this especially, because, in later days, from many quarters, the doctrine has gone out that we are unable, in cases of intact membrana tympani, to remove exudations of blood or purulent matters from the cavity of the tympanum by means of the air douche. Such assertions are founded on experiments made upon models, which can furnish no proof in the question before us—1st. Because such models, in general, cannot be made, even approximately, like the ear, and consequently, the physical properties of the ear cannot obtain in them. And, 2d. As I have frequently stated, we must take into consideration occasional individual peculiarities of the organ of hearing, which never occur in the unchangeable models; whereas, in the natural organ of hearing, they are sometimes of such a nature that we can, with ease, remove exudations, by means of the air douche, from any part of the tympanum. If we succeed, by the application of the air douche, in the partial removal of the exudation, which fact can be diagnosed both by the subjective and objective manifestations, we can then wait a little while, for it often happens that the exudations are either entirely removed by the repeated application of the air douche or that any fluids which may remain in spite of the introduction of air are gradually absorbed. In fact, the surrounding structures of the tympanum, and especially the lining membrane of the tympanum, appear to accomplish more in this respect than we are in general apt to suppose. I have frequently been able to diagnose large amounts of exudation in the

cavum tympani, which in a very short time were absorbed. In fact, you, gentlemen, have seen in the case before you this very same process. Two days ago, on the eighth day of his illness, when he came before *us* for *the first* time, we found on both sides excessive accumulation of exudation in the tympanum, which was evident from the appearance of the membrana tympani; this was found pushed outwards and discolored; while in the position of the handle of the hammer we saw a distinct furrow extending as far as the injected vessels which usually accompany the hammer. You know we found the Eustachian tube on both sides swollen and greatly narrowed, so that with difficulty, even during the act of swallowing, we were able to drive a little air into the tube, but without any improvement or alteration in the condition of affairs, so much so, that we delayed the artificial perforation of the membrana tympani for reasons which I previously explained. And to-day you see the yellowish discoloration only upon the smaller and inferior half of the membrane, at which point the exudation has collected, a fact which can easily be seen from the slight prominence of the membrane at that point. Besides the discoloration, the history and the clinical observation upon this patient, would enable us to make such a diagnosis. I do not doubt that the rest of the exudation will be absorbed and the patient recover without perforation of the membrana tympani. I desire to call your attention especially to the point that we should never delay the perforation of the membrana tympani, even in acute catarrhal cases, if we see that the process of the disease itself has partially brought about a perforation, though the escape of the exudation is very slow. And this assertion needs a further explanation. In cases of chronic catarrhal inflammation of the mucous membrane of the middle ear, accompanied by considerable exudation and collection of the same in the tympanum, it often happens that if the exudation can escape in no other way, it forces its way out by perforation of the membrana tympani. In cases of chronic catarrh, the membrane is already in a state of fatty degeneration, and hence predisposed to easy rupture. When such a condition of the membrana tympani exists it needs but a slight force—such as the act of sneezing, if the Eustachian tube is permeable—to split the membrane in all its layers. Of course, in such an event, the matter collected in the tympanum can easily escape if the rupture is both large enough and at a favorable place. But in many cases all these favorable circumstances do not occur.

It happens in some instances that the process of degeneration in the membrana tympani occurs from within outward. In such instances the different layers of the membrane must play an important *role* in the process, and the issue may be one of great importance in the welfare of the membrane and the organ of hearing. It is well known that the two layers of the membrana propria of the membrana tympani are less closely connected with each other than the layer of circular fibres is with the mucous membrane of the tympanum, or the radical layer is with the dermis layer of the external surface of the membrana tympani. Now let us suppose that the exudation breaks through the layer composed of mucous membrane and the circular fibres of the tympanic membrane, while the dermis layer and the radial fibres remain intact. In such a case the exudation may work its way between the two layers of the membrana propria, and subsequently produce a chronic inflammation of the membrana tympani, with all its attendant evils; or it may at last break through the remaining layers of the membrane, forming a fistulous canal, which is highly unfavorable to the escape of pus, and would in such cases prolong the process indefinitely.

I have seen cases in which the constant trickling of exudation through such imperfect channels of escape has kept up a constant irritation of the edges of the opening, which has led to the formation of granulations, and such complications that only the greatest familiarity with these processes could overcome.

In such cases of tardy perforation of the membrana tympani we should never delay the performance of artificial perforation, either at that point where the disease has already placed it, or at one more favorable for us—according to what has already been said on this point.

Until quite recently it has been believed that, in case of inflammation of the parts contained in the tympanum, when perforation of the membrana tympani has ensued, such a perforation would never close, or if it

closed would be necessarily accompanied by serious injury to the hearing. The usefulness of such a perforation was entirely overlooked, and its occurrence uniformly regarded as a most unfavorable symptom.

Hence, since the locality, shape, and attendant circumstances of the perforation were entirely disregarded, often results of the most injurious nature followed the chronic course of the disease, which might have been avoided had the process been properly comprehended. If we keep before us the idea that inflammatory processes in the middle ear, accompanied by the formation of exudation, resemble abscesses, our treatment must correspond with such an idea; and just as the good surgeon is not satisfied with an insufficient or an improperly situated opening in an abscess in any case, but endeavors to alter an opening of an unfavorable nature, so must we, in many cases, as has already been shown, try to better the imperfect opening in the membrana tympani, either by lengthening one which exists, or by making a second if the existing one is insufficient to carry off the exudation.

In this connection I would say that the exudation obtains its most favorable exit when the opening is in the posterior and inferior quadrant of the membrana tympani.

Therefore I have always chosen this point for the operation in such cases as have already been mentioned, and have both taught in my lectures and have published in an article in the *Allgem. Wiener Medic. Zeitung*, January, 1871, that in cases of such a nature, accompanied by otorrhœa, or in cases of an acute nature, when the perforation has occurred on the anterior segment of the membrane, and the pus has not been able to escape to a proper degree, that the original opening should be widened in the proper direction and extent, or, in case the excision would be too great, or other hindrance should obtain, we must try then to make a second opening in the posterior and inferior quadrant of the membrane.

If exudation has collected in the anterior half of the tympanic cavity, and the opening is in the posterior and inferior quadrant of the membrane, then we, as well as the patient, have a means of forcing the exudation through the opening in the membrana tympani. As often as the patient blows his nose, provided the Eustachian tube is open, he forces air into the tympanum, and thereby the collection of exudation backwards and out through the perforation in the posterior and inferior quadrant of the membrana tympani. We can do the same thing by using the air douche and the catheter, and thus free the tympanum of its exudations. If the opening is in the anterior segment of the membrane, the exudation, by all these operations, can easily be forced from the anterior to the posterior half of the cavity of the tympanum, but in *no case* can the exudation in the posterior half of the tympanum be forced into the anterior half of the same, and through the opening in the anterior segment of the membrane.

We hear, even in the present day, many complaints of obstinate otorrhœa in cases of perforation, and loss of substance in the membrana tympani, which defy all means of cure, whether applied through the external meatus or through the Tuba Eustachiana.

I feel that all aural physicians of any experience will agree with me when I assert that the cause of such truly annoying cases lies in the imperfect regard paid to the objective condition of the membrana tympani, and you only need to observe the cases at present operated upon and under treatment, in order to meet hereafter even those cases of so-called chronic otorrhœa which have heretofore defied all treatment.

In the cases to which I have alluded, the artificial perforation of the membrana tympani has had as its chief object the removal of foreign masses from the middle ear, and by the prevention of further injurious effects, the preservation of the hearing.

In other cases, however, the artificial perforation of the membrana tympani has for its object the improvement of the condition of the membrane and the ossicles of hearing in connection with it. It would occupy too much time for me, to-day, to allude to all the facts connected with this point. Permit me, however, to say, that the opinion which I have expressed in my book ("Lehrbuch der Ohrenheilkunde"), viz., that the artificial perforation of the membrana tympani has sometimes the character of an explorative operation, is well founded. What I have said at that place on this subject, viz., that by the most varied alterations on the membrane, in part seen by the eye, and partly not easily diagnosed, the sound conducting powers of the membrane are interfered with, and that these alterations may

be overcome by a suitable operation of Myringotomy, has been proven by my own researches on this point (*Ueber Anomalien in der Spannung des Trommelfells. Monatsschrift fur Ohrenheilkunde*, 1871,) as well as those of Politzer and Voltolein, and thereby the science of Otology has made an advance in its therapeutics, the rich blessings of which will soon become manifest.

COMMUNICATIONS.

AN EXAMINATION OF PROF. REESE'S "REVIEW OF THE TRIAL OF MRS. WHARTON FOR THE MURDER OF GENERAL KETCHUM."

BY PHILIP C. WILLIAMS, M. D.,
Of Baltimore, Md.

(*Continued from No.* 796.)

The State charged that General Ketchum died from poison, and introduced various medical witnesses to prove that fact. Dr. Williams, Professors Chew, Miles, Donaldson, of Baltimore, and Professor Thompson, of Washington, all testified that he died from "non-natural causes," which in this case, as has already been shown, meant *poison*. Professors Aikin and Toury, of Baltimore, and Dr. Craig, of Washington, testified that the poison administered was *tartar emetic*. The State therefore charged that General Ketchum was poisoned with tartar emetic.

The defence denied the charge, and asserted that he died by disease, and introduced Professor Reese, of Philadelphia, Dr. McClurg, of Pennsylvania, Professors Warren and Byrd, and Drs. Morris, Goolrich, and Baltzell, of Baltimore, and Dr. Simpson, U. S. A., and Dr. Claude, of Annapolis, to prove it. Not only did the defence assert that General Ketchum died from disease, but it went further, and narrowed the question down to one disease, and claimed that he died from cerebro-spinal meningitis.

We thus see that the only question before the Court was whether General Ketchum died from poison by tartar emetic, or whether he died from cerebro-spinal meningitis.

The defence took the responsibility of showing that he died from cerebro-spinal meningitis, and assumed a burden of proof which legitimately belonged to the State. Having assumed this position, it was bound to prove it beyond all reasonable doubt, or admit that he died from poison by tartar emetic.

No other issue was before the Court. The defence, therefore, undertook to prove that he died from cerebro-spinal meningitis, and restricted itself to the *fulminant form of that disease*.

Now did General Ketchum die from fulminant cerebro-spinal meningitis? With one exception (Dr. Goolrich) all the experts for the defence, in their *testimony in chief*, stated, more or less positively, that this was true; they claimed and attempted to prove that he died from fulminant cerebro-spinal meningitis. Dr. Warren is most emphatic, and says, "The case of General Ketchum, from the *first pain to the last convulsion*, in all its phases, bearings and combinations, illustrates nothing more or less than a typical example of that form of cerebro-spinal fever to which the name of *fulminant* has been so aptly given, as indicating the suddenness of its invasion, the intensity of its phenomena, the rapidity of its march, and the fatality of its termination. In my opinion *no other theory* will explain the history of his sickness and death; *nothing else* will adequately account for all the facts which have been detailed in this case."

This opinion Dr. Warren asserted *to the last*. The other experts were generally decided in a similar opinion during their testimony in chief. During their cross-examination, however, they were compelled to modify their statements very materially.

Professor Reese, in his testimony in chief, said, "The *only disease* to which I could refer the symptoms in General Ketchum's case *is cerebro-spinal meningitis*." This seems to be positive; yet, during his cross-examination, he is forced to modify this opinion so far as to say, "I do not wish to be understood as asserting that General Ketchum died from cerebro-spinal meningitis; I think the cause of his death obscure, but the absence of certain pathological lesions would indicate that he died from that disease." Then again he said, "There is a *possibility* that General Ketchum died from *idiopathic tetanus*, and a *probability* that he died from cerebro-spinal meningitis; probably it might be attributed to many causes, and there are many causes to which it could not be attributed; *it may possibly be attributed to poison*."

Professor Byrd is rather doubtful, even in his testimony in chief. He says, "The disease bears no positive resemblance to any with which I am acquainted; in some of its features it resembles the disease known as cerebro-spinal meningitis; *taken as a whole*, however, it bears no resemblance to any disease with which I am acquainted."

Dr. Claude, on his cross-examination, said, "I have *not* said that my conclusion was that General Ketchum died of cerebro-spinal meningitis; I am not prepared to say positively and decidedly what was his disease." Again he said, "I incline to the opinion that General Ketchum died from a natural cause, *but I am not able to say what that cause was!*"

These are the opinions expressed by the medical experts of the defence, based upon a hypothetical question prepared by the defence, which, of course, presents the case in the most favorable light for the "accused." With the exception of Dr. Warren, not one of these experts, Professor Reese included, ventured, upon his cross-examination, to maintain that General Ketchum died from cerebro-spinal meningitis. It seems to me that such a remarkable result shows very clearly that cerebro-spinal meningitis was not, in their opinion, the cause of General Ketchum's death.

The experts encountered another serious difficulty, and that was to fix *the time* at which the General was attacked with cerebro-spinal meningitis. If they said that he was attacked by cerebro-spinal meningitis with "his first pain" on Saturday night (as Dr. Warren said), it would be fatal to the whole theory of death by its *fulminant* form! On the other hand, if they said he was not attacked until Tuesday night or Wednesday morning (which would be necessary in order to constitute it the fulminant form), they would involve themselves in the dilemma of being compelled to explain the previous sickness of Saturday, Sunday and Monday, an explanation that might prove very embarrassing! They seemed to realize this embarrassment, and therefore they speak very doubtfully about the time of its commencement. For example, Dr. Warren says, "I cannot speak with accuracy as to the time cerebro-spinal meningitis began; the *first vomiting* showed, in my opinion, the *premonitory symptoms of the disease.*"

What? Premonitory symptoms of a disease that (according to Dr. Warren's own testimony) "attacks without premonition, and kills with the celerity of lightning"!!

Dr. Warren then adds, the disease "had been present for *several days, and fulminated on Wednesday*"!!

Professor Byrd says, "It is very difficult to say when he was attacked with cerebro-spinal meningitis; the symptoms stated in the hypothetical question are not sufficiently connected to enable me to decide that it was a case of cerebro-spinal meningitis"!

Professor Reese says, "His disease may have commenced when he had his first sickness," that is, on Saturday night. How, then, could it have been *fulminant?*

Dr. Baltzell says, "It may have set in on Saturday night;" but "from the hypothetical statement I would say that the disease commenced on Monday or Tuesday, and *fulminated on Wednesday*"!!

But let us overlook this difficulty, and admit that it began either on Saturday, Sunday, Monday or Tuesday, and that "*it fulminated on Wednesday*," what are the symptoms by which they recognized the presence of this mysterious disease "that was without beginning of days?" On this branch of the question the experts are "at unity with themselves."

First. They all agree that *headache* is a most important and even a characteristic symptom.

Dr. Warren says, "I mentioned headache as one of the symptoms; indeed, it is one of the most constant symptoms."

Dr. Morris says, "Headache and vomiting are the first symptoms; headache was in all the cases I had; I never saw such a case of headache as poor Armer (one of his patients) had."

Professor Reese says, "Pain in the head is certainly one of the accompaniments of the disease. I think headache one of the most characteristic symptoms."

Professor Byrd says, "Headache is one of the most constant symptoms; as long as my patients were capable of complaining, they complained of headache."

Dr. Baltzell says, "Headache is present as long as sensation lasts."

This is certainly very positive language; and yet there is not one word of testimony to show that General Ketchum had even the slightest headache. To no one of his numerous attendants did he complain of headache. He certainly never complained of it

to me in any of the visits I paid him. He had no headache at any time.

Professor Reese distinctly states that he "had no recollection of any witness testifying that General Ketchum had headache."

The next symptom upon which the experts relied was "*suppression of urine.*" Upon this point they are also emphatic and unanimous.

Professor Byrd said, "Suppression of urine is a very important point, and in certain conditions it constitutes an unfailing symptom. In both my cases total suppression of urine was observed."

Dr. Baltzell said, "I have never observed a case of the fulminant or semi-fulminant form which was not attended with suppression of urine." Professor Reese uses similar language, and regards "suppression of urine an important and prominent symptom."

Dr. Warren said, "There were *suppression and retention* of urine in a most remarkable degree," and then he added, "finally the *ominous fact* that he passed no water during the whole of Tuesday, and that though none was on Wednesday in the vessels of his chamber, and his bladder was not preternaturally distended, in other words, that there was decided suppression of urine, completes the line of demarcation, and furnishes the data for an exact discrimination between the malady from which he died, and the antimonial poison to which it is alleged he succumbed."

To say nothing of the incorrectness of making suppression of urine the pathognomonic symptom of cerebro-spinal meningitis, we have here in Dr. Warren's testimony a novel mode of establishing suppression of urine, in the fact that the General's "bladder was not preternaturally distended with urine!" We have also the most astonishing discovery that "there was *suppression and retention* in a most remarkable degree!" But leaving this extraordinary fact for Dr. Warren's further contemplation, let us observe that there is not the slightest evidence to show that there was suppression of urine, except the statement of Susan Jacobs, who said, *on the stand*, that she "found no urine in the General's room on Tuesday;" yet, during the General's sickness, and on Wednesday morning, she told me that "*there had been urine, and she had emptied it!*"

Which statement is most truthful I leave the reader to decide, especially as the statement on the stand was *post-factum!* One hour before the General's death I found "his bladder full of urine," and so stated on the stand! How then could there have been suppression?

Another symptom relied upon by the experts is *hyperæsthesia.* Dr. Morris said, "this hyperæsthesia continued in all my cases. The pain is so excessive that the patient cannot bear to be moved."

Dr. Baltzell said, "Hyperæsthesia was present in that, and in all the fatal cases I saw."

Professor Reese also mentioned "Hyperæsthesia as one of the symptoms."

Dr. Warren said, "Hyperæsthesia is one of the symptoms of cerebro-spinal meningitis. It was present in most of the cases I saw. I mean to say that it is present in the majority of cases, and whether slight or excessive it is a very important symptom." Again he said, "No fact in this case, except that Dr. Williams found that a shiver passed over General Ketchum when he touched him, brought me to the opinion that he had hyperæsthesia; you can't make anything else out of it"!!

This was certainly a remarkable form of hyperæsthesia, which was developed only when I laid my hand upon him to rouse him, and yet I could move him to his bed, undress him, handle him in every way, without the slightest evidence of discomfort or suffering!

The last symptom referred to by the experts, and upon this point they were also unanimous, was Opisthotonos. Now it seems to me that no one can read the description of General Ketchum's condition during his whole sickness, and fail to see that there was no evidence of such opisthotonos as exists in cerebro-spinal meningitis. There was constant rigidity of the muscles of the neck, back and limbs, but there was no opisthotonos except during the convulsions that occurred *after the administration of the medicine at one o'clock.* During those convulsions there was opisthotonos, and then the General could not lie on his back, but was invariably thrown upon his side by each convulsion. When the convulsion was over he would resume his position on the back. This is very different from the opisthotonos of cerebro-spinal meningitis. In that disease the opisthotonos occurs *early*, and is

permanent. The patient *cannot lie on his back*, he must turn more or less completely upon his side. In the General's case, the opisthotonos did not exist until a short time before his death, and then it was intermittent, and lasted only during the convulsions, and presented a marked contrast with that form that characterizes cerebro-spinal meningitis! But even if there had been opisthotonos, it must have existed in *combination with other symptoms* in order to indicate the presence of cerebro-spinal meningitis; and those symptoms were absent in this case.

I have thus shown that General Ketchum had no headache, no suppression of urine, no hyperæsthesia and no opisthotonos. In other words he had no symptom which the experts for the defence claimed to be characteristic of cerebro-spinal meningitis. The experts for the defence also relied upon the "*negative results* of the post-mortem" to prove the existence of cerebro-spinal meningitis. Let us examine this point for a few moments.

What is cerebro-spinal meningitis? Authorities agree that it is "an acute epidemic disease, produced by some blood poison, which causes inflammation of the membranes of the brain and spinal cord, especially at the base of the brain and the upper end of the cord."

Can such a disease prove fatal, and leave no lesions appreciable by human senses? The experts admit that such lesions must be found after death from the ordinary type of the disease, but that in the *fulminant* form the disease proves fatal so rapidly as to leave no time for the development of lesions.

Can any *inflammatory disease* prove fatal, and leave no post-mortem traces of its existence? I am perfectly willing to agree with the experts that many diseases prove fatal without leaving discoverable post mortem lesions, such as "epilepsy, sunstroke, chorea, hysteria, and infantile convulsions." But none of these are *inflammatory!* Let us bear in mind that in cerebro-spinal meningitis (as in every other disease) it is not the *symptoms that make the disease, but the disease that makes the symptoms, and that before any symptoms are manifested there must be antecedent disease!* The headache, the hyperæsthesia, the suppression of urine, the opisthotonos, as well as all the mental and nervous disturbances incident to this disease, must result from some preceding lesion, and are produced by the blood poison causing inflammation of the membranes referred to.

Some authors and physicians fail to discriminate between cerebro-spinal meningitis and typhus fever, or spotted fever, which are not inflammatory, and, of course, such persons see many cases prove fatal without any discoverable post-mortem lesions. Again, there must be symptoms and lesions *characteristic* of a given disease before we are justified in assigning a specific name for it. It is inflammation of the cerebro-spinal membranes that constitutes cerebro-spinal meningitis a distinct disease, and separates it from typhus fever, spotted fever, or any other disease; it is this that justifies us in calling it a specific disease.

Furthermore, the various forms under which a disease is described do not convey, nor are they intended to convey, an idea of difference in *kind*, but simply a difference in *degree*. Therefore, the fulminant and the simple forms of cerebro-spinal meningitis do not differ in *kind*, but *in degree*, and their post-mortem lesions are influenced not by any essential difference in the disease, but by the duration of the disease.

As a rule there are greater post-mortem lesions observed in ordinary, simple cerebro-spinal meningitis than in its fulminant form; simply because there has been more time given for the production of lesions; but *in every case*, however slow or rapid may be its course, there must be the same essential lesions, differing, perhaps, in extent or degree, but not in kind, or we are not justified in affixing a specific name to that particular case.

For example, a patient may have fever, pain in the side, and cough, and may die while manifesting these symptoms, and you say that he died with pleurisy. Now you make a post-mortem, and you find no evidences of inflammation of the pleura. Would you be justified in saying that such a patient died from pleurisy? Would not this fact alone compel you to say that he did not die of pleurisy? So in cerebro-spinal meningitis! However much symptoms may resemble the disease during life, still if the post-mortem examination fails to show inflammation of the cerebro-spinal membranes, we are thereby prohibited from saying that he died from cerebro-spinal meningitis.

What post-mortem lesions would we expect to find? We recognize *from results* as following inflammatory action, viz., congestion (or hyperæmia) effusion of serum, effusion of lymph, and the development of pus. Now it is perfectly comprehensible that a patient may die before *all these changes take place;* but we must *always find one or more of them.* No man can die of cerebro-spinal meningitis, I care not how soon, without the existence of acute hyperæmia of the membranes involved in the disease.

You must have the congestion, or you can have no symptoms of cerebro-spinal meningitis. If the patient live longer, you will find effused serum, lymph or pus. *One or all* of these results must be found in every case. It is as impossible in medicine, as in any other science, that *negative results* can be relied upon to prove the existence of anything. They may demonstrate that a given disease does *not exist*, but they cannot prove that it does.

This view seems fully corroborated by Professor Byrd, in the following extract from his testimony, viz. :—"In the two first cases I attended the lesions were quite marked; one of the cases lasted *forty-eight hours*, and the other several days. I saw *pus* as well as *lymph.*" We here see that though one of these cases died in forty-eight hours there were "*marked*" post-mortem lesions. Professor Byrd saw both *lymph and pus!* A most careful examination of General Ketchum's brain and spinal cord, even under the microscope, failed to detect the slightest evidence of inflammation in its membranes or elsewhere. It seems clear, therefore, that, judging even from the testimony of the medical experts for the defence in this case, there is nothing either in the symptoms or clinical history of General Ketchum during his life, or in the post-mortem examination of his body, to justify any one in saying that he died of cerebro-spinal meningitis.

This conclusion was fully sustained by Professors N. R. Smith, Howard, and Johnston, and by Drs. Arnold, Benson, Morgan, and Ohr. All these gentlemen were put on the stand, and after reading the hypothetical question propounded by the defence testified positively that General Ketchum did not die of cerebro-spinal meningitis! Here I might stop, and claim that inasmuch as it is clear, even from the testimony of the defence itself, that General Ketchum did not die from cerebro-spinal meningitis, therefore he must have died from poison by tartar emetic.

But some of General Ketchum's symptoms are so striking in their bearing upon poison by tartar emetic, that I hope I may be pardoned for trespassing a little longer, and calling attention to some of them. The chief difficulties encountered in explaining the symptoms of General Ketchum consist in the absence of vomiting and purging, and in the substitution of muscular rigidity and tetanic convulsions for the *extreme relaxation* which the experts for the defence claim to be characteristic of poison by tartar emetic. Cases of *acute poison* by tartar emetic are rare; and the experts have erred in confounding the effects of *fatal* doses of tartar emetic with those resulting from *large medicinal doses*, even where the consequences have been very serious, though not fatal. I need hardly mention so familiar a fact that very various effects result from the same drug when given in different doses; and that it would be very unsafe to predicate the effects of a fatal dose of any drug by the results we have witnessed from an ordinary medicinal dose. The experts for the defence also erred in assuming that the State charged that General Ketchum received *poisonous doses* of tartar each time that it was administered. Let us look at these two points for a few moments.

1st. The State, by all its medical witnesses (that were examined upon the point), Drs. Williams, Chew, Miles, Donaldson, and Thompson, admitted that the usual results of large doses of tartar emetic were vomiting, purging, profuse sweat, extreme prostration, great muscular relaxation, etc. On this point there was no difference of opinion between the medical witnesses for the State and those for the defence. The difference between them arose from the fact that the State claimed that *at times* there was no vomiting and purging, no extreme muscular relaxation; but that, on the contrary, there was oftentimes great rigidity of the muscles, accompanied by violent tetanic convulsions.

This latter view is sustained by the very highest authority. I will give only a few that were cited during the trial. First, I will refer to cases of children treated for croup with large doses of tartar emetic. In the *Medical Times and Gazette* for July, 1856, page 7, Dr. Elliotson says: "By the fourth day, when twenty-seven grains had

been taken, the disease (croup) was much alleviated; there had been *tetanic* symptoms. The arms and legs had been *rigid*, hands and feet turned inward, the thumbs drawn upon the hands; *the head drawn backwards; the jaws closed*, so that fluids could be introduced *only by the forcible use of the spoon.* Elliotson also gives two cases that Dr. Alfred Taylor quotes from the *Lancet*, in which two children swallowed a powder containing ten grains of tartar emetic mixed with sugar. In *twenty minutes* they were seized with vomiting, purging, convulsions, and *tetanic spasms.*" The boy died in eight hours, the girl in thirteen. "Taylor's Medical Jurisprudence," fifth American edition, 1861, gives, on pages 123, 124, 125, numerous cases in which violent tetanic convulsions resulted from large doses of tartar emetic.

Professor Harry Thompson, medical expert for the State (page 57 *Gazette's* Report), gives a case of a woman who took *ten grains* of tartar emetic, which was followed by the usual symptoms of vomiting, purging, etc. The same evening she took a second dose, which produced "very little purging and vomiting;" "her pulse became rapid and feeble, skin cold and clammy, face of a dusky hue, and she died in *violent tetanic spasms.*" Virchow, in his "Manual of Special and General Pathology and Therapeutics," 1855, page 102, speaks of *cerebro-spinal affections* resulting from tartar emetic, in which he shows that when vomiting and purging fails to take place the *nervous* disturbances are much greater. He gives cases attended with violent tetanic spasms and convulsions.

These quotations might be extended indefinitely; I have confined myself to those cases that were quoted in court during the trial.

Authorities also show that tartar emetic may be given in immense doses, even as much as half an ounce, without producing vomiting or purging, and also show that these results may be deferred for a long time after the dose has been taken. (See "Taylor's Jurisprudence," etc.)

These authorities, and others that might be quoted, show that poisonous and even fatal doses of tartar emetic may produce just such symptoms as were manifested in General Ketchum.

(To be Continued.)

SURGICAL CASES:—INJURIES OF THE EYE—MALIGNANT GANGLION—HÆMATOMA.

By M. M. Brown, M. D.,
of Ithaca, New York.

Injuries to the Eye.

On the 30th of May, 1870, a gentleman brought his son, æ. 14 years, to my office, making the following statement:—

"My boy was painting a small boat in one of the upper rooms of my residence this forenoon, and becoming tired of work amused himself by shooting at a mark with a bow-gun. By accident, or purposely, he dipped the arrow into his pot of white lead. His mark was a door-knob. He hit the mark, but unfortunately the arrow glanced and rebounded, hitting him in the left eye. The arrow had a wire about one-eighth of an inch in diameter, and one inch and one-fourth in length projecting from its point. This passed into the eye ball at a point which you now discover, carrying considerable lead within the coats of the eye, as is plainly visible. Now, Doctor, do your best to save his sight."

Before operating, I called in Dr. S. H. Peck, who administered the chloric ether. When he was fully under its influence I enlarged the opening made by the wire, and scooped out nearly all the paint. A small quantity of the pigmentum nigrum escaped, also a trifle of the vitreous humor. The arrow entered the tunics about one line from the margin of the transparent cornea, and about midway between two lines running from the centre of the cornea, one to the outer canthus, the other to the centre of the upper lid. I have no doubt but that the wire passed obliquely through the vitreous humor and into the retina.

I closed the lids with adhesive plaster, and covered the eye with a light bandage, and ordered a carriage to convey the little sufferer home. I then had him placed in a dark room, and ordered his mother to administer a dose of salts (magnesia sulph.). I also left a preparation of aconite, to be given regularly, and gave orders to the nurse to keep the room perfectly quiet, and after the cathartic had operated, to give an opiate which I had also prepared. The shock to the brain and nervous system was quite extensive, chills and rigors coming on soon after he was confined in his room. The following day considerable inflammation su-

pervened, which I combatted with topical applications (bisulphite of soda, in weak solution) applied cold, continuing small doses of the Epsom salts, and the aconite. Several doses of the Dover's powder at intervals of six hours arrested the chills and rigors, and also assisted the aconite in keeping the skin mois'.

The patient made a rapid recovery, and to-day the keenest observer could not detect the injured eye by any external irregularity.

Some four months after the lad had been able to be about he was sent to school, but his sight began to fail in both eyes, and by my advice he was kept from books and the school room.

About eight months after the injury he was obliged to wear glasses, he being unable to distinguish objects any great distance from the eyes (myopia apparens). Several short-sighted glasses were procured, but he could not see with them as well as with the naked eye.

The father then purchased a pair of long-sighted glasses, suitable for a person eighty years of age, which so much improved his vision that he was able to read quite well. He has not been allowed to go to school any to speak of since he was first taken out, and to-day he is almost entirely recovered. Why was it that convex lenses were applicable to a case of apparent *myopia?*

Nothing since I treated an infant's eye that was severely wounded by a pair of scissors. The mother was supporting the child between her feet while sewing. She carelessly laid her scissors upon her knee. Soon after, having occasion to get up for something, the instrument dropped down, the blades opening, one of them entering the ball of the right eye, a trifle above the centre of the pupil. The aqueous humor nearly all escaped, and the iris protruded, forming a considerable hernia. Some little time having elapsed before the patient was brought to my office, I was unable to reduce the protruding parts. I, therefore, removed the hernia with a suitable pair of scissors. The after treatment was the same as for cataract. The eye is now good, and useful vision preserved, which speaks well for the curative powers of nature.

Malignant Ganglions.

I have now on hand an interesting case of malignant ganglionic tumors. Miss Lou G., aged 23 years, florid complexion, scrofulous cachexia, applied to me some months ago to treat a crippled hand. She had not been able to use the diseased member for more than a year. She attributed the cause of the tumor to playing on an accordeon when a child. She had passed through the hands of several physicians, who had blistered, steamed, iodined, compressed, all to no good, the hand constantly growing weaker and the tumor larger. I at once opened the ganglion, and there escaped a large quantity of pus and sanguineous fluid, emitting a very offensive odor. I then applied compresses, and in a few days the sack refilled, and finally became more tumefied than ever. I concluded now to remove the sack entire, which I did, exposing the nerves, bloodvessels and tendons supplying the index and second fingers. The operation was quite difficult, as the sack was adherent to all adjacent parts. I administered tonics and the following alterative:—

℞. Fluid ext. pipsis,
" rumex crispus, aa ℥i.
Potass. iodidi, ℥ij.
Aquæ font., ℥ij.
Syrup sarsaparillæ, ℥iv. M.
S. Teaspoonful three times daily, one hour after each meal.

She soon improved after taking this treatment, and has the perfect use of her hand. A second and third ganglion has appeared about other tendons, but by opening them early, and injecting a solution of carbolic acid, and applying compresses, they have given no serious trouble. The cicatrix which resulted from the removal of the first tumor has an unhealthy appearance still, being covered with scales, and occasionally a trifle of pus exudes from its surface. The patient is still taking the above alterative and tonics. I hope for her entire recovery.

Hæmatoma.

Last Saturday a young man who resides in Freemansburg called at my office to consult me in reference to a wound which he had received a few days previously, by falling from a horse. On examination I found two large swellings, one at the seat of injury, the other near the lower border of the patella. The whole dorsum of the foot was purple, and the veins much distended. The wound was about six inches above the ankle joint, on the right leg, directly over the saphena vein. By palpation I discovered free fluctuation. I was not positive

what was contained in the swelling, but made up my mind to find out at any rate. I therefore used a bistoury to make a free opening. As soon as this was done, out fell a number of black clots.

I removed about one pint of clotted venous blood, holding my fingers over the vein to prevent the entry of air. When I had done, the swelling at the knee-joint disappeared, and the whole limb became much smaller. I applied compresses all along the saphena, from the opening to the patella, and then applied a roller as tight as could be borne, from the toes to the knee.

I have not seen the patient since, but have no doubt he is doing well.

Editorial Department.

Periscope.

Eucalyptus Globulus in Intermittent Fever.

About two years ago Dr. Lorinser, of Vienna, laid before the profession the results of his observations on the treatment of ague by the *Eucalyptus Globulus* (*British Medical Journal*, May 21, 1870). A supply of the tincture was placed, for the purpose of observation, at the disposal of medical men connected with the railway stations in localities where ague was frequent. The quantity, however, was but small; and a larger supply was distributed in May of last year. The results obtained during the summer have been collected and summarized by Dr. Joseph Keller, Chief Physician of the Austrian Railway Company.

The number of patients treated with tincture of eucalyptus was 432. Of these 310 (71.76 per cent.) were perfectly cured, and 122 (28.24) required to be afterwards treated with quinine. Of the 310 patients who were cured, no paroxysm occurred after the first dose in 202; in the remaining 108, there were one or more subsequent paroxysms, which, however, yielded to repeated doses of the medicine. Quinine had been given without result in 118 of the 432 cases; 293 of the patients had had ague in previous years, and 139 were attacked for the first time in 1871. Of the 122 cases in which the eucalyptus failed, 58 recovered under the use of quinine, 38 were not cured, 10 were sent home, and 16 remained under treatment. Of the 118 cases in which quinine had been given unsuccessfully, 91 recovered under the use of eucalypatus, and in 27 no result followed.

The several types of intermittent fever were represented as follows:—quotidian, complicated, 117, simple 73=190; tertian, complicated, 126, simple 95=221; quartan, complicated 16, simple 4=20; quintan, complicated, 1. The complications were, enlargement of the spleen or liver, anæmia or chronic gastric catarrh, paludal cachexia, etc. The remedy was successful in 161 of the 260 complicated cases, or 61.9 per cent.; and in 149 (or 86.6 per cent.) of the 172 simple cases. The percentages of success in the several types were: in tertian, 75.57; in quartan, ,70; in quotidian, 67.89. Among the cases in which the first dose of eucalyptus arrested the disease, were 95 complicated and 107 simple; 28 of the former and 20 of the latter had previously been treated unsuccessfully with quinine. In the cases where the paroxysms recurred, there were 70 complicated and 38 simple; quinine had been given without success in 27 of the former, and in 15 of the latter.

Of the 432 patients, 353 were men, 46 women, and 33 children. There were 155 patients who were immigrants into the localities; and in these the disease was more frequently attended with complications, and the treatment was less successful than among the indigenous inhabitants.

The treatment was generally commenced on the fifth day after the first paroxysm of ague; its duration average 9½ days, that with quinine in previous years having been 12½ days.

The tincture was made by dividing into small pieces the leaves of eucalyptus obtained through France from the native country of the plant, and macerating in alcohol for three months. Ten pounds of leaves yielded twenty-five quarts of the tincture. The average dose was two drachms; and the average quantity used for each patient was seven drachms—this, however, varied much, according to the nature of the case and its complications.

Dr. Keller concludes that eucalyptus must be regarded as a very important remedy for ague; but that the plant as cultivated in Austria is less efficacious than that imported from its native soil; that the remedy is of service especially in obstinate cases of ague where quinine has been given unsuccessfully; and that the average duration of treatment by eucalyptus is shorter than that by quinine. He believes that the tincture is the most eligible preparation of the plant, as the essential oil is retained.

Reviews and Book Notices.

NOTES ON BOOKS.

Recent German Medical Works.

Among the German medical publications of the present year we may mention the following:—

Arbeiten aus dem physiologischen Laboratorium der Würzburger Hochschule. Herausgegeben von *A. Fick*. [Aus "Verdhandlungen der physikalisch-medizinischen Gesellschaft."] 1. Lfg. *Wurzburg*, 1872. *Stahel*, 8o. p. 1—89. *Mit 6 Steintaf.*

Beiträge zur Geburtshülfe und Gynäkologie. Herausgegeben von der Gesellschaft für Geburtshülfe in Berlin. I. Bd. 1—3. Hft. *Berlin*, 1870—72. *Hirschwald*. 8o. 154, XXXVI, 197 pp. *Mit 15 Taf.*

Die gesammte Physiologie des Menschen nach dem Standpunkte der Wiener medizinischen Schule. Herausgegeben von der Redaction der "allgemeinen Wiener medizinischen Zeitung" Chefredacteur *B. Kraus*. [Aus "allgemeine Wiener medizinische Zeitung."] *Wien*, 1872. *Sallmayer & Co.* 8o. VII, 835 pp. *Mit eingedr. Holzschn.*

Roth.—Die Arzneimittel der heutigen Medicin mit Formeln ihrer Anwendung und einem therapeutischen Repetitorium als Anhang. Taschenbuch für Aertze. *Wurzburg*, 1872. Stuber. 8o. XV, 199 pp.

Biermann, A.—Climatische Kurorte und ihre Indicationen. *Leipzig*, 1872, *O. Wigand*. 8o. VIII, 211 pp.

Cohnheim, Jul.—Untersuchungen über die embolischen Processe. Mit 1 Taf. in Farbendruck. *Berlin*, 1872. *Hirschwald*. 8o. VIII, 118 pp.

Merkel, Fr., Die linea nuchae suprema. Anatomisch und anthropologisch betrachtet. Mit 7 photogr. Taf. *Leipzig*. 1872. *Engelmann*. 8o. IV, 22 pp.

Mettenheimer, C.—Beobachtungen über die typhoiden Erkrankungen der französischen Kriegsgefangenen in Schwerin. *Berlin*, 1872. *Hirschwald*. 8o. 87 pp.

Any of these can be obtained through L. W. Schmidt, 24 Barclay street, New York City.

BOOK NOTICES.

Catalogue of the Library of the Surgeon General's Office, United States Army. With an alphabetical index of subjects. Washington: Government Printing Office, 1872. 1 vol., royal 8vo. pp. 454.

The library attached to the Army Medical Museum has been virtually created within the last decade. Its size, though not sufficient to embrace all or nearly all the works of reference desired by an earnest student of the past of medical science, is still respectable. This catalogue contains about 13,000 titles, including 13,330 volumes. Its deficiencies are frankly confessed in the prefatory memorandum, and we are informed that the present is regarded merely as a preliminary to a more extended catalogue, when the collection is nearer completion.

The plan followed is the same as that of the Library of Congress, being strictly alphabetical, and with like avoidance of capitalization of catch words in titles. Whether this latter is not carried too far, when even German nouns are commenced in lower case, we leave others to judge. Jacob Grimm is the only authority for such an innovation, and he has no disciples.

In examining further into the distinctness of the catalogue, it strikes us that sufficient care has not been exercised in distinguishing between different authors. For instance, there have been three medical writers this century bearing the name of *John Bell*, and not only does the catalogue make no distinction between them (though works of all three are in the library), but mixes up the titles of their books in an entirely heterogeneous manner. The distinction could easily be made by inserting in brackets after the name the place of residence, as in this instance: (of Edinburgh), (of New York), and (of Philadelphia). The arbitrary omission of a part of an author's name (*e. g.* see Xavier Bichat), is also objectionable.

In spite of these and a few other criticisms to which the Catalogue is open, it will be found of vast value to the investigator. In its future and more extended form we hope it will include writers of articles in all American medical periodical literature, a very complete collection of which the library aims to contain. Such an addition to it will redound to our national honor, and still more to the advantage of medical science.

In reference to the selection of the works forming the library, great credit is due those who have had the matter in charge. Few standard works within the last century are wanting. Yet we cannot forbear mentioning some whose absence is conspicuous; *e.g.* Alexander Humboldt's remarkable "*Versuche uber die gereizte Muskel und Nerven Faser*;" Goethe's Essays on Comparative Anatomy, which are the very foundation of the science; Tytler, the first English writer on cholera, etc. Doubtless these lacunæ will be filled as opportunity and appropriations permit, for "the eternal want of pence" vexes surgeons as well as other public men.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 8, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports. Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

DR. LIEBREICH'S ART CRITICISMS.

The eminent German Ophthalmologist, Dr. LIEBREICH, who, about a year ago, migrated from the continent to London, has created no small stir among the artists, art critics, and art teachers, by what they call his audacious explanations of the peculiarities of TURNER'S and MULREADY'S later paintings. After RUSKIN and his disciples had exalted TURNER and his style so high, and poured such withering contempt on all who are not prepared to echo their views, it is naturally most galling and unpleasing to them to have this surgeon attribute these "wonderful effects" to nothing more nor less than a disease of the eye.

Those of our readers not fully acquainted with the subject will readily comprehend Dr. LIEBREICH'S views from the following brief and lucid exposition of them in the New York *Nation*. The year in which TURNER'S style commenced to manifest its peculiarities was 1331, after which date his pictures, Dr. LIEBREICH maintains, are altogether out of drawing. This disease consists in an affection of the crystalline lens, which, in its first stages, causes in the eye of the painter a diffusion of light, preventing his seeing with precision and definiteness the lighted parts of the object of vision, and this diffusion got expression in the pictures in a sort of bluish haze; then afterwards, as the disease made progress, a limited opacity developed itself in the crystalline lens, the consequence of which was, speaking roughly, that the painter could see illuminated surfaces vertically but could hardly at all see horizontally; a mere point of light he saw as a vertical line which was the longer in proportion to the intensity of the light. Thus there will proceed from the sun in one of TURNER'S later pictures a vertical streak of light dividing the picture into two halves unconnected by any horizontal line. Objects less illuminated are distorted less, but still are all distorted more or less; thus persons in a boat, or houses near a canal, blend so entirely with their own reflections in the water that no horizontal line of demarcation between substance and shadow is in any way visible. The justice of these criticisms, which confounded many of his auditors, Dr. LIEBREICH is said to have demonstrated by means of a screen, a magic lantern, a lens, and a copy on glass of one of TURNER'S Venetian pictures, painted before his eyesight had become affected. Placing the copy in the magic lantern, he threw on the screen the picture as painted; then applying to the lantern a lens simulating the diseased eye, he showed to the audience the picture as TURNER painted it on his second visit to Venice in 1839; "the resemblance to his pictures painted after this date was certainly very striking," says the *Academy*.

Most of the English medical weeklies coincide with the foreign savant's demonstration. But *The Doctor*, a London monthly, attacked it bitterly, and "exposed its fallacies;" and the *Saturday Review*, which is nothing unless critical, as everybody knows, and has been in times past savage on the Turnerites, disputed Dr. LIEBREICH'S con-

clusions, though it blundered badly in its optics in doing so.

Later, a writer in the *Nation* defends TURNER on the ground that whether the Turneresque effects may or may not be produced by a diseased lens and simulated by an artificial one, TURNER, nevertheless, did wittingly what he put on canvass, as anybody can prove to themselves by looking at the sun and watching the effect on the visual powers of such excess of light. It will produce similar streaks of light and indistinctness of outline.

We presume the battle is by no means done yet. If the Turnerites take as their own the position that true art, the highest art, ought to represent objects as they appear to diseased or to half-blinded, tear-filled, dazzled eyes, and not to the eyes of health and comfort, they will doubtless maintain it with the same obstinacy as they have other equally sensible theories; and will, indeed, add still further to the lofty contempt with which they have hitherto regarded those artists who love to portray nature in her calm simplicity, in her sane and clear surroundings, in her positive yet infinitely suggesting forms, in her austerity and firmness, in her minute fidelity, and in her rigid positivism—qualities which they rank too low to allow any place in art.

ON TOLERANCE OF IMPURE AIR.

Tradition says that Mithridates Eupator, king of Pontus, fearing lest the many designs against his life should some day succeed by poison, so accustomed his constitution to quantities of fatal drugs, that when the time came that his son revolted and shut him in a tower, no amount that he could swallow affected his case-hardened system, and he was obliged to ask his Gaulish body guards to oblige him by thrusting a sword blade through his body.

Such success is not so incredible as it seems when we recall what enormous amounts of opium and corrosive sublimate are consumed by opium eaters; how the Styrian peasants thrive on arsenic, in doses that would kill a half dozen of us; and with what indifference decayed meat and vegetables are eaten by savage tribes.

What these examples prove is the singular *tolerance* which the human system acquires to the most poisonous ingesta. [Any one who would seek to deduce from them the conclusion that such substances are, *therefore*, harmless in these quantities, would be laughed at. Yet we repeatedly see and hear an almost precisely analogous inference drawn in State medicine. Because men can be and are exposed to noxious odors and a poisoned atmosphere for long periods, those interested in the continuance of nuisances insist that the community at large will not suffer.

That a very singular tolerance to poison is shown by those engaged in many pursuits is very true. During the late terrible epidemic of yellow fever at Buenos Ayres the grave diggers, some three hundred in number, handling the corpses and clothing of the dead every day, escaped the disease entirely, not one of them, it is said, having even contracted it.

If anything seems certain in epidemiology, it is that sewer emanations are intensely poisonous. Yet it is an unquestioned fact that the sewer cleaners of London and other cities, exposed to these emanations for hours every day, are uncommonly healthy. It might be supposed that this was because the sewage had not yet been acted upon by the external air, the sun and heat. But where sewage is used as a fertilizer no bad effects seem to follow.

The *British Medical Journal* asserts that evidence of a positive character has been given that no injury to health has ever been traced to mismanaged sewage-farms. Dr. Christison states, with regard to the Craigintinny meadows, where certainly too large an amount of sewage is turned on to the land, that he is "satisfied that neither ty-

phus nor enteric fever, nor dysentery nor cholera, is to be encountered in or around them, whether in epidemic or non-epidemic seasons, more than in any other agricultural district of the neighborhood." Dr. Alfred Carpenter points out that, in the registration sub-district in which the Beddington farm is situated, while the births for the year ending April 1st, 1872, were at the rate of 33 per 1000, the death-rate was only 9 per 1000, and that the deaths "do not include a single case of fever." Dr. Gooch, of Eton, says: "As medical officer of the Eton Union, and attending almost every family in the neighborhood of the farm, I can confidently assert that not one single case of illness has occurred from the effects of the sewage;" and Mr. Palmer, of Rugby, tells how children who "looked pale and delicate" have become healthy and strong, and have had no illness whatever, "after living three years surrounded by sewage-irrigation," and this on a farm held up as a pattern of bad management.

Professor HAMMOND relates some striking instances of tolerance of organic poisons in a recent lecture on Public Hygiene, printed in the New York *Medical Journal*, a few of which we quote:—

In 1814, after the battle of Paris, four thousand dead horses remained on the soil during fifteen days, and were for that time subjected to a high temperature. Men were employed to gather them together in order that they might be burnt, but not one of those who undertook this disgusting work suffered in health in the least degree. During our own recent civil war similar instances of dead men and animals remaining on the ground several days in a state of decomposition occurred, and yet in no case did the neighboring inhabitants suffer any deterioration of health. Like examples could readily be adduced from the late Franco-German War. Those who have attended dissecting rooms in which there were numerous bodies in all stages of decomposition, will probably not be able to recall a single instance in which any of the students or attendants contracted disease from inspiring the gases and vapors which abounded. Probably the emanations from bodies dead of some highly-malignant disease, such as the plague, puerperal fever, or glanders, are more noxious than those which arise from animals which have died from accidents or non-putrid affections, but this even is a disputed point.

In our own case, however, we do recall one occasion when for two weeks we were obliged to cease our medical studies on account of typhoid symptoms brought about by too diligent dissection of a "fresh subject" far advanced in decomposition.

In the year 1828 a commission was appointed by the French Government to inquire into the sanitary relations of the large knackeries in Paris. It was found that all the men, women and children connected with these establishments were remarkable for the excellence of their health, and fine, ruddy appearance. The workmen generally were long-lived, and many of them had attained to extreme old age. Persons who resided in the vicinity of these places were likewise ascertained to be unusually healthy. Epidemic fever seemed to be powerless to affect the persons engaged in employments by which they were exposed almost continually to the most offensive emanations from decomposing animal matters, and even the cholera passed them by. In the whole course of their examination the members of the commission were unable to obtain the least evidence tending to show that the disgusting odors produced in the establishments in question were ever the cause of ill health.

The Church of the Capuchins, at Rome, affords a notable example. For several hundred years all the monks belonging to the monastery attached to that church who have died have been buried in a small cellar under the building. After the soft parts have become decomposed the skeletons are taken up and placed in their monastic garments around the walls of the room. Subsequently, when the joints likewise have yielded to the inroads of time, the bones are arranged on the walls and ceiling in the form of rosettes, arabesques, and other fanciful figures. There are always ten or twelve bodies in the ground, and as many skeletons standing around the room. The whole apartment is a charnel-house made up almost entirely of the *debris* of human bones in all stages of decomposition; and yet there

is no instance of any sickness having occurred among the thousands of persons who annually visit it, which could in the slightest degree be attributed to any influence exerted by the locality, and the monks who live over it, and who visit it constantly, are remarkable for their sleek and rotund appearance. Indeed, the good natured friar who has acted as the janitor and exhibitor of this strange chamber for several years is a wonderful specimen of robust health.

These examples are those of tolerance to poison, not proofs of an absence of poisonous material present. They offer no excuse for a neglect of cleanliness, and no palliation for the maintenance of nuisances. Examples on the other side are far more numerous and positive. Boards of Health and Sanitary Inspectors ought not to be misled by such instances.

Notes and Comments.

Action of Digitalis.

M. Gourvat (*Gazette Medicale*, 1871, Nos. 26, etc., and 1872, 1, 2, 4, 5) finds that moderate doses of digitaline given to frogs paralyze the motor nerves of voluntary muscles; and larger doses destroy the irritability of the muscles themselves. Involuntary muscular fibres appear to be stimulated by it. Moderate doses cause a transient contraction of the arterioles; large doses cause a longer contraction. In both cases the contraction of the arterioles is succeeded by paralysis and dilatation. The contraction is caused by the action of the digitaline on the vasomotor nerves, and not on the walls of the arterioles themselves. The beats of the heart are rendered stronger, slower, and more regular, by moderate doses. The arterial tension is increased. The retardation of the pulse is due to the increase in the arterial tension, and is proportioned to it. The contraction of the arterioles lessens the secretion from the skin, mucous membranes, and glands, except the kidneys, the urine being increased.

Physiological Action of Tobacco Smoke.

Vohl and Eulenberg (*Arch. Pharm. Chem.*, cxlvii, page 130) find that the amount of nicotine in snuff and tobacco for chewing is so minute that nothing like nicotine poisoning can result from their use. The action of tobacco smoke and tobacco juice is not due to nicotine, for it contains none, but to pyridine, picoline, colledine, and other bases, forming a homologous series, which are produced during the combustion of the tobacco. The reason why stronger tobacco can be smoked in a cigar than in a pipe is, that in the pipe a large quantity of pyridine is formed, which is very volatile and stupefying; while in a cigar little pyridine and much colledine are formed. The unpleasant symptoms experienced by persons just beginning to smoke, or who smoke to excess, as well as the poisonous effect of tobacco juice, are not due to nicotine, but to the pyridine and picoline bases; and they have probably been attributed to nicotine because these bases, especially those having a high boiling point, greatly resemble nicotine both in smell and in physiological action, producing contraction of the pupil, difficult respiration, convulsions, and death. They do not act so quickly when injected under the skin as when taken into the stomach, and their action is less rapid than that of nicotine. Other plants which are sometimes used for smoking, though they contain no nicotine, such as dandelion, willow wood, and stramonium, yield pyridine bases, whose action is very like those from tobacco, though rather weaker. Pure picoline from Boghead coal had a similar action; and its vapor was poisonous, producing irritation of the respiratory passages, slight convulsions, and death. None of these, except the bases from willow wood, produced contraction of the pupil. The authors consider that the effects produced by opium smoking are not due to the alkaloids in the opium, but to the bases formed during its combustion; and that the difference between it and tobacco is owing to different bases being formed by their combustion.

An Apt Reproof.

There are some anatomists who violently itch to prove the identity of man and monkey. Those eminent osteologists, MM. Pruner-Bey and Paul Broca, are not free from this infection. A review in the last number of the *Journal of Psychological*

been taken, the disease (croup) was much alleviated; there had been *tetanic* symptoms. The arms and legs had been *rigid*, hands and feet turned inward, the thumbs drawn upon the hands; *the head drawn backwards; the jaws closed*, so that fluids could be introduced *only by the forcible use of the spoon.* Elliotson also gives two cases that Dr. Alfred Taylor quotes from the *Lancet*, in which two children swallowed a powder containing ten grains of tartar emetic mixed with sugar. In *twenty minutes* they were seized with vomiting, purging, convulsions, and *tetanic spasms.*" The boy died in eight hours, the girl in thirteen. "Taylor's Medical Jurisprudence," fifth American edition, 1861, gives, on pages 123, 124, 125, numerous cases in which violent tetanic convulsions resulted from large doses of tartar emetic.

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economy, is not a respiratory food, but an anti-calorific, for it lessens the amount of carbonic acid exhaled, and lowers the temperature. It favors the production of fat. Its double title as excitant of the nervous system and opponent to destruction, assures to alcohol a considerable and useful place in hygiene, as the food of the poor, and those who take much bodily labor.

Comparative Mortality of Phthisis in Different States.

Dr. CONSTANTIN PAUL (*Rev. de Therap.*) mentions that in France the mortality from consumption is 10 per cent., whilst in Paris it is 13.4 per 100. If the statistical records of other countries are credible, in Rome it is 6 per 100; in Naples, 8; in Venice, 8; in Turin, 9; in Geneva, 9.7; in England, 11; in Belgium, 16; in Berlin, 17.5; in Vienna, 20; in Hamburg, 22; and in Boston, United States, it is 23 per cent. In general, the mortality from phthisis is less in temperate climates.

The Medical Use of Ergoted Indian Corn.

The black fungus of Indian corn is familiar to all our country readers. In the *Rivista Clinica di Bologna* for March, 1872, there is a lengthened report by Professor GAMBERINI on the employment of it in a case of psoriasis of long standing. The patient, a woman of forty years of age, had been admitted into the Hospital of St. Orsola, in Bolonga, several times, and discharged on each occasion with manifest advantage from the treatment pursued. This consisted chiefly of vapor baths, liquor of Devergie, liquor of Donovan, carbolic acid administered internally and applied externally, the use of an ointment made from a kind of pitch, etc.

On her last appearance at the hospital all these curative agencies were brought into application, without any alleviation of the malady; they seemed to be entirely useless, indeed. It was at this juncture that Professor GAMBERINI determined to put to the test the alcoholic tincture of corrupted maize, which had been strongly recommended for all cases of chronic dermatosis by Professor CESARE LOMBROSO, of Paria, from *a priori* considerations, and tried with success by Professor SCARENZIO on a case of psoriasis. The treatment extended over a period of three months. It began by the administration of six grammes of the tincture in sixty grammes of distilled water, to be taken in two or three doses. The number of grammes administered daily was increased gradually up to eighty. An ointment made of thirty grammes of the tincture to sixty grammes of hog's lard was also used as an application to the affected parts. The following is a *resume* of the phenomenographia which accompanied the internal use of the medicine. From the first the patient experienced frequent yawning and eructations. The appetite stood at the normal degree for some days; afterwards it went on gradually increasing. A feeling of heat was experienced in the soles of the feet, and also on the backs of the hands. The urine was colored, but did not produce smarting. The patient had a horror of baths generally, but delighted to put her feet and hands in water. She could not bear the weight of her usual bed-clothes. She did not experience any diarrhœa or costiveness. The muscular force at first decreased, but afterwards augmented. The patient became more joyful than her wont. She was naturally of a melancholic temperament. There was no perceptible change in the pulse. When it was found necessary to suspend the employment of the remedy, owing to the patient's disgust at it, it was discovered that the *psoriasis* was not so generally spread over the body; that it was limited to the elbows, knees, along the tibiæ, and very few places on the thighs and arm. The scales, which were at first large and numerous, were reduced to almost nothing, and the *pruritus* had almost disappeared. If the use of the remedy could have been continued there is a probability that the disease might have been entirely conquered; as it was, the result was manifestly favorable.

Professor GAMBERINI tried this remedy in a case of old *lupus*, but the stomach of the patient could not support the smallest doses after the first few days. He tried it again in a case of *psoriasis diffusa chronica*, with the same favorable results mentioned above. He has no doubt of the value of the remedy.

Substitution of Carbolic or Phenic Acid for Creasote.

In addition to what we said last week, we may add, that *The London Pharmaceutical Journal*, for May, contains the communication referred to, from Mr. T. N. R. MORSON, of the well known chemical manufacturing

firm of T. Morson & Son, calling attention to the substitution of carbolic acid for wood creasote.

No good test has hitherto been published for discriminating between these two bodies. Mr. THOS. MORSON, in making some experiments on adulterated samples of creasote, discovered that true wood creasote is insoluble or nearly so in glycerine, carbolic or phenic acid; on the contrary, dissolving in all proportions, and any large amount of this latter substance, if mixed with true creasote, will render the creasote soluble.

For purposes of internal administration, as also for preservation of food, it is claimed that carbolic acid does not replace creasote. As an application for burns, wood creasote appears to answer a better purpose than carbolic acid, and occasions less pain on application.

In Europe, where creasote is more extensively used for the preservation of food than in this country, the substitution of carbolic acid is more important on account of the therapeutic effects of the two differing.

The price of wood creasote in the English market is about three times the price of crystallized carbolic acid.

The Howard Hospital.

The Eighteenth Annual Report of this institution shows that it is doing a good work. It is situated at 1518 and 1520 Lombard street, Philadelphia. More than 90,000 cases have been treated at this hospital since it was commenced, and the average number of applicants during the last seven years has been 7500 each year.

Dr. LAWRENCE TURNBULL, known to our readers as an occasional contributor to our columns, has charge of the department of the Eye and Ear, and during the seventeen years he has been connected with the institution has had in its clinics over five thousand cases of disease of these organs to treat.

Detroit Medical College.

This, one of the youngest of our medical colleges, seems to be maintaining a vigorous life. It has steadily grown in favor, and seems to be earnestly devoted to the true advancement of medical teaching. The regular lecture term of this college has hitherto been held in the Spring and Summer months. There have been so many and obvious disadvantages connected with this arrangement that, after mature consideration, it has seemed best to the Trustees and Faculty to have it permanently discontinued. The regular course of instruction will, therefore, take place hereafter in the Autumn and Winter, beginning on the first Wednesday in October, and continuing five months.

There will be a preliminary term, which will open on the first Wednesday in September, and continue until the commencement of the regular term. Instruction will also be given during the Spring and Summer by means of lectures on special subjects and practice in the daily clinics.

Surgeon General, U. S. Navy.

Surgeon General J. M. FOLTZ has been retired from active service by reason of age, and Medical Director JAMES C. PALMER has been appointed to the position of Surgeon General, U. S. Navy, and the appointment confirmed by the United States Senate.

On Xylol.

Xylol, the new remedy against small-pox, has now been fairly tried, and is found a most useful specific against this dreadful disease. Dr. Nagel, in Berlin, has employed it in eighty-one cases, counting among them eight children under two years, six of them not vaccinated; eleven children between two and ten years, four not vaccinated; twenty patients up to twenty-five years, the rest over that, the eldest being sixty-one years of age. Of these patients, of whom thirty-four had the small-pox in a very advanced state, four died, two children, unvaccinated, three weeks, and nine months old, respectively, an adult thirty-two years old, the latter suffering besides from inflammation of the lungs. Dr. Nagel describes Xylol as the best remedy against small-pox known, as yet; it prevents the former large mortality, and although it does not prevent the breaking out of the disease, it prevents its assuming a grave character.

Lithotomy and Hydrotherapeia.

The following is an extract from an ancient Welsh manuscript entitled *Meddygon Myddfai*, written about A. D. 1300. It is curious, first, on account of the attempts to limit febrile action by frequent use of baths; secondly, on account of the droll directions given for putting the patient in position for operation. The *Cambrian Register* for 1796 is responsible for the translation.

"*Maen-Dioti* (*Lithotomy*). A hard stone,

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Potass. iodidi, ℥ij.
Aquæ font., ℥ij.
Syrup sarsaparillæ, ℥iv. M.
S. Teaspoonful three times daily, one hour after each meal.

She soon improved after taking this treatment, and has the perfect use of her hand. A second and third ganglion has appeared about other tendons, but by opening them early, and injecting a solution of carbolic acid, and applying compresses, they have given no serious trouble. The cicatrix which resulted from the removal of the first tumor has an unhealthy appearance still, being covered with scales, and occasionally a trifle of pus exudes from its surface. The patient is still taking the above alterative and tonics. I hope for her entire recovery.

Hæmatoma.

Last Saturday a young man who resides in Freemansburg called at my office to consult me in reference to a wound which he had received a few days previously, by falling from a horse. On examination I found two large swellings, one at the seat of injury, the other near the lower border of the patella. The whole dorsum of the foot was purple, and the veins much distended. The wound was about six inches above the ankle joint, on the right leg, directly over the saphena vein. By palpation I discovered free fluctuation. I was not positive

The same process was applied to the sediment contained in the tumbler of punch intended for Mr. Van Ness, and *the result was the same. In both Professor Aikin found tartar emetic.* These results were fully corroborated by Professor Toury, in his analysis of the viscera of General Ketchum. Professor Toury applied *Marsh's test*, in addition to the method employed by Professor Aikin. With these two methods he satisfied himself of the presence of tartar emetic. Dr. Craig corroborated these analyses, and stated that *nothing but antimony* could have produced the results obtained by Professors Aikin and Toury, in the order in which they accomplished them!

To combat these views were introduced, as already said, Professors McCulloch, Reese, and White, and Dr. Genth. These gentlemen all maintained that Professor Aikin's process was "radically defective," and "utterly fallacious," and Professor McCulloch went so far as to say that "he did not think that the analyses of Professors Aikin and Toury prove anything; they do not prove the *presence of any poison;* and in my opinion they only prove the presence in General Ketchum's stomach of the medicines administered by order of Dr. Williams." He recognized no proof of the presence of any metallic poison, unless "the metal itself was reproduced, and that in sufficient quantity to be manipulated" and subjected to "*every test* known for the proof of that metal."

Numerous authorities were quoted by the chemical experts to show that the metal must always be produced. But all such authorities referred to *arsenic*, none of them to *tartar emetic.* Indeed, I know of no writer, either on Toxicology, or of Medical Jurisprudence, that has laid down *any such requirement in reference to tartar emetic*, though all require it in dealing with arsenic. One reason for this difference doubtless arises from the extreme solubility of tartar emetic, and its very rapid elimination from the body through the skin and the kidneys. It is easy to suppose that it might be eliminated so rapidly as to leave such minute quantities as to render it extremely difficult, if not absolutely impossible, to obtain the metal in such quantity as to be readily manipulated. But whether this reasoning be correct or not, the necessity for the production of the metal in cases of poisoning by tartar emetic has never been demanded by any writer on Toxicology or Medical Jurisprudence. This was a standard erected by the criminal experts in this trial, in order to meet the exigencies of their position!

But whether necessary or not, Professor Toury complied with the requirement, and did produce the metal. He produced it first by Marsh's test, and secondly by precipitating the metal into a platina cup! It is true that the platina cup containing the metallic antimony was not admitted as evidence before the jury. But the fact that Professor Toury had it in possession was shown by the discussion upon its admissibility as evidence.

But leaving this out of the question, the *spots* obtained by Marsh's process were so clearly metallic in their *lustre* that no unprejudiced person could have failed to recognize them as *metallic.* They differed so radically in appearance from the spots obtained from *organic* material similarly procured that no one could possibly confound them. The spots of the one were dull, *mere stains of carbon;* while the other presented a clear, metallic lustre that no one could fail to recognize. Not only so; Professor Toury subjected some of these spots to trial, and they indicated, unmistakably, the presence of the *orange red of antimony!* Thus was the most extreme demand of the chemical experts for the defence complied with. The metallic antimony was discovered, and was a full vindication of the results previously obtained by Professors Aikin and Toury in their so-called *color tests;* tests which all writers on toxicology recognize as sufficient. Wormeley, Taylor, Orfila, and others that were quoted during the trial, all adopted the analysis of Professors Aikin and Toury, and distinctly state that the results they obtained, *in the order in which they procured them*, is satisfactory proof of the presence of antimony. Indeed, all of the chemical experts for the defence admitted "that there was *no metal known to them*, or to chemical science, that could produce the results obtained by Professors Aikin and Toury, in the order in which they obtained them, but antimony." And then, when they were asked the question, "If no metal but antimony could produce these results, were they not positive proof of the presence of that metal?" they all replied, "No! because they recognized no proof but the production of the metal." When they were shown the metallic spots produced by Marsh's test they denied that they were metallic, though they responded

to the tests laid down by the authorities. Then, again, when asked a second time whether the "solution of the white cloud (produced by the acid solution dropped in water) by tartaric acid, and the reproduction of the orange red precipitate by the action of sulphide of ammonium, or sulphuretted hydrogen, could have been produced by any metal but antimony?" they again replied that neither they nor chemical science "*knew* of any such metal; but that new metals were constantly being discovered, and there *might* be such a metal, although they did not know of its existence!"

Suppose any such *unknown metal* did exist, was there the *most remote possibility* that such a metal could have been found in the stomach of General Ketchum? Did any one of the experts pretend to say that such was the fact? Was it not known to them that tartar emetic had been purchased by inmates of the house in which General Ketchum died? The tartar emetic was *certainly in the house*, as was clearly proved by unimpeachable witnesses. The symptoms of General Ketchum were those which authorities and observation recognize as resulting from tartar emetic. The circumstances attending the administration of that memorable dose at one o'clock on Wednesday, wherein it was shown that dose was different in quantity, different in color, and different in results from anything that could have occurred from the administration of forty drops of tincture of jasmine; I say, again, when tartar emetic was known to have been in Mrs. Wharton's house, when the symptoms of General Ketchum corresponded with those produced by tartar emetic, and when he died under circumstances that nothing could explain *but poison by tartar emetic*, and then when chemical analysis produced results that can have been produced by nothing known to chemistry but tartar emetic, how can any one deny that Professors Aikin and Toury did discover antimony in the stomach and viscera of General Ketchum?

But, notwithstanding all these things, the experts for the defence say that "had Professors Aikin and Toury *known* that they were looking for a metal," then their analysis "would have been correct." Did they not *know* that they were looking for a metal? Did not the facts above mentioned enable them to know that they were looking for a metal? Then, again, did not the sediment in the tumbler of milk-punch, by its taste and other properties, show beyond all doubt that it contained a metallic poison? Did Dr. Williams not inform Mrs. Lowry, as soon as he tasted that sediment, that it contained "an acrid metallic poison?" Did not Professor Aikin's tasting of the same sediment convince him also of the presence of a metallic poison? Therefore Professors Aikin and Toury did "*know* that they were looking for a *metal*;" and according to the statements of the experts for the defence, their analysis was correct, and no *metal but antimony* could have produced the results that they obtained! The experts, under the pressure of their cross-examination, finally admitted this fact. They admitted that no *metal but antimony* could have produced the results of Professors Aikin and Toury's analysis; yet when asked "if this was not satisfactory evidence of the presence of antimony?" they said, "No! because certain organic substances would produce the *same results*."

Professor McCulloch stated that while operating upon chloral and jasmine he produced results so exactly similar to those of Professors Aikin and Toury that "*a chemist's eye*" would readily mistake them for each other! In this statement he was sustained by all the chemical experts but Professor White, who said "that he attached very little importance to the experiments of Professor McCulloch!" Professor Reese distinctly states that these "experiments of Professor McCulloch were repeated and verified by Professors Reese and White, and by Dr. Genth."

Now what was this experiment of Professor McCulloch which produced such astonishing results, and which, according to Professor Reese, has opened up "a new and wonderful field of chemical investigation"?

Professor McCulloch says that he made a solution of chloral and jasmine, and then, in order to imitate as nearly as possible the contents of General Ketchum's stomach, he added "the white of an egg, and milk that had soured for some days, using the *whey and not the coagulum*, and I then mixed them with beef tea and added a drop of lactic acid, and a little pepsin."

With this mixture he undertook to institute experiments similar to the analysis of Professors Aikin and Toury. Before examining this experiment, let me ask what proof had Professor McCulloch that General

Ketchum's stomach contained "the white of an egg, or milk whey, or beef-tea"? There was no evidence in the trial to show that he had either. This is of no importance, however, except to show that he did not confine himself to the testimony. Now what was his experiment that produced results so "exactly similar to those obtained by Professors Aikin and Toury" that a "chemist's eye" would readily mistake them for each other?

This experiment was undertaken in order to *imitate* the analysis of Professors Aikin and Toury, and to show that chloral and jasmine would produce "*results exactly similar.*" Such being the case, it was his bounden duty to follow Professor Aikin's analysis *step by step*, and show that they were *identical in every respect!* Otherwise the analogy would fail, and the experiment would be worthless. What was Professor McCulloch's experiment, which excited the wonder and admiration of his colleagues in the trial?

These experiments he says he performed "in the presence of Professor Reese, Dr. Genth, and some others," and were as follows:—He took the *imitated* contents of General Ketchum's stomach, containing the chloral and jasmine, and "treated it with sulphuretted hydrogen, and obtained a red precipitate which dissolves in hydrochloric acid as that from antimony does; in other words the two resemble each other in this property; they act alike; when this solution in hydrochloric acid is dropped in water, it also gives a white cloud just as antimony does; that white cloud is soluble in an excess of *hydrochloric* acid, which is also true of antimony; this solution, with sulphuretted hydrogen, again gives a precipitate which might be mistaken for one of antimony; the resemblance of the reactions is truly remarkable; so much so, that I was astonished when I made the experiment."

This is the experiment that astonished Professors McCulloch and Reese and Dr. Genth, and which was represented to the court as analogous to the analysis of Professor Aikin, and produced results so identical that "*a chemist's eye*" would readily confound them! Not only was this experiment performed before admiring friends in various places in Annapolis, but it was repeated in the presence of the court and jury, and claimed to be a full explanation of everything discovered by Professors Aikin and Toury, and represented to the court as proving conclusively that General Ketchum's stomach, and Mr. Van Ness' punch contained nothing but jasmine and chloral!

Let us for one moment examine the details of this experiment and compare them with Professor Aikin's analysis, and then we can see clearly how "*identical*" they are. That they may be taken in at a glance, I will put them in parallel columns, viz.:—

PROF. AIKIN'S ANALYSIS.	PROF. McCULLOCH'S EXPERIMENT.
Contents of Gen'l K.'s stomach treated with sulphuretted hydrogen.	Mixture representing contents treated with sulphuretted hydrogen.
Produced "a reddish brown precipitate" which "dissolved in *boiling* hydrochloric acid."	Produced a "red precipitate" which "dissolved in *cold* hydrochloric acid."
This solution dropped in water gave a "white cloud" or precipitate.	Solution dropped in water gave "a white cloud" or precipitate.
"This cloud was dissolved by *tartaric acid.*"	"This cloud was dissolved in *hydrochloric acid.*"
This solution treated with sulphuretted hydrogen or sulphide of ammonium gave "*a bright orange red precipitate.*"	This solution treated with sulphide of ammonium gave a "*yellow precipitate.*"
	Prof. McCulloch then adds, "I never got a *pure orange red* from antimony, except when in pure aqueous solution.

In examining these experiments we see several very marked and decided differences. 1st. We find that the antimonial "reddish brown precipitate" required *boiling hydrochloric acid to dissolve it*, while the jasmine precipitate dissolved in *cold* hydrochloric acid.

2d. The *antimonial white cloud* was soluble in *tartaric acid*; while the *jasmine white cloud was not soluble in tartaric acid*, but *required hydrochloric acid* in order to dissolve it.

3d. The final antimonial precipitate was *a bright orange red*, while the jasmine precipitate was a "*yellow precipitate*," which took a long while to settle down to the bottom of the tube. This experiment was performed in presence of the Court, and the results exhibited in the Court room; and every one present had the opportunity of seeing that there was not the slightest resemblance between the antimonial and the jasmine precipitates.

It is true that when Professor McCulloch poured the sulphide of ammonium into the solution of jasmine it became a *yellowish red color*, not an *orange red*, and examination showed the fact that the change of color was in the "*supernatant liquid*," *and not in the precipitate*, which was the *real point of inquiry*. The *supernatant liquid was red, but*

the precipitate was a dirty white! and never was either "yellow" or "bright orange red." The difference was such that not even "*a chemist's eye*" could have confounded them, unless he was afflicted with *color blindness!* Marked as the difference was that afternoon, the next morning it was very much greater. Fortunately for the cause of truth and justice, the results of this experiment were preserved, and were brought into Court the next morning. *Then* the red color of the supernatant liquid had become as *black as ink*, and the *precipitate* still *was white!* The antimonial precipitate was with it, and that retained its *bright orange red color*, which presented a striking contrast with the black of the jasmine.

The tubes containing these results were held up in presence of the Court and jury—the one black, and the other bright red—and the Attorney General asked Professor McCulloch if that was the "orange red precipitate he had obtained before the jury the day before," and said "he would be much obliged if he would explain how he had obtained that orange red precipitate!" Professor McCulloch replied "that he informed the jury the day before that it would become darker." "Yes," replied the Attorney General, "but did you tell the jury that it would become black?" "No, sir." "Did you know that it would become black?" "Yes, sir." "Well, why did you not tell the jury that it would become black?" Thus vanished the orange red precipitate! After this not even "*a chemist's eye*" could confound the results of these two experiments.

But the mysteries of "these *identical*" *experiments* did not end here. The Attorney General felt interested in knowing why Professor McCulloch dissolved the "jasmine white cloud" in *hydrochloric acid*, instead of *tartaric acid*, as Professor Aikin had done his antimonial "white cloud." Certainly fair experimentation demanded that Professor McCulloch should follow Professor Aikin's analysis step by step, or his experiment was worthless. He had already made a glaring departure in the early stage of his experiment, in dissolving his "reddish precipitate in *cold* hydrochloric acid. Did not Professor McCulloch know that the antimonial precipitate had been dissolved by Professor Aikin in *boiling hydrochloric* acid, and that he could not have dissolved it in *cold acid*, except to a very limited degree? Why this marked departure? The fact that the jasmine precipitate dissolved in *cold* acid destroyed the analogy, and certainly produced "*utterly fallacious*" results! But they do not stop here. Professor McCulloch takes this solution in *cold hydrochloric acid*, and drops it in water, and obtains the "white cloud," resembling the "white cloud" of the antimonial precipitate, and to this he adds *cold hydrochloric acid*, and, of course, he dissolves it! He actually adds the *same acid* that the water had abstracted, and *returns to* the point whence he started! The use of hydrochloric acid at *this stage* of the experiment threw him *back two steps* in his analysis! Instead of *advancing* in his analysis he *retrograded two steps!* And yet this is an experiment which he and his expert colleagues claim to be *identical* with Professor Aikin's analysis!! The inquiry now naturally arises, why did Professor McCulloch substitute hydrochloric for tartaric acid at this stage of his experiment? Did he not know that the solution of this white cloud in *tartaric acid* was the *experimentum crucis* in this analysis? Did he not know that up to this point nothing characteristic had taken place? Did he not know that the solution of this white cloud in tartaric acid excluded *every metal known to chemistry but two*, viz., *antimony or bismuth?* Why then did he substitute hydrochloric acid for the tartaric acid, when he knew that he was rejecting the *crucial* step in the analysis, and was substituting an agent which *retrograded* instead of *advancing* his analysis? Did he not know, as already said, that this solution in tartaric acid excluded every metal known to chemistry but antimony or bismuth? Did he not also know that the *next step* in Professor Aikin's analysis excluded bismuth beyond all doubt, and established the fact that *nothing known* to chemistry, either organic or inorganic, could have produced this orange red precipitate at *this stage of the analysis but antimony?* Did he not know this? Why, then, did he make the substitution?

With these facts before him, can it be wondered at that "the learned Attorney-General exhibited some harshness towards some of the witnesses," even though it compelled him to "arraign all the chemical experts, who repeated and verified the experiments of Professor McCulloch"?

When the Attorney-General questioned Professor McCulloch upon this point, he replied "that he substituted the hydro-

chloric for the tartaric acid because tartaric acid held certain substances in solution and would not let them precipitate as readily as hydrochloric acid would." He further said that he only did "as other chemists would ordinarily do; he dissolved it in hydrochloric acid instead of tartaric acid, because he had the first-named at hand!"

This answer naturally did not satisfy the Attorney-General for so serious a departure from Professor Aikin's analysis, and he pushed still further his demand for an explanation of the substitution; and he still pressed the question, "Why did you not use tartaric acid instead of hydrochloric?" Professor McCulloch replied, "Because I did not have time!"

"Did not have time!" said the Attorney-General, "What have you been doing for the last three weeks?"

"I have been in the court room attending this trial!"

"Yes," said the Attorney-General, "but the court adjourns at three o'clock every day, what have you been doing after that? Would it take any longer to use tartaric acid than hydrochloric acid?"

The question still recurs, "Why did Prof. McCulloch substitute the hydrochloric acid?" Did he try the tartaric acid at Lexington and find that it would not dissolve the "jasmine white cloud," and that it would be unsafe to repeat it before his colleagues at Annapolis? Some such thought must have suggested itself to Professor Reese, for when he was pressed as Professor McCulloch had been upon this point, and asked why this substitution had been made, he evaded for a long time, but being forced to answer the question, he replied, "Mr. Sylvester, if you insist upon knowing why hydrochloric acid was substituted for tartaric acid, I *must refer you to Professor McCulloch; the experiment was his, and not mine*"!!

But suppose that Professors Reese and McCulloch are right, and that the jasmine and chloral produced the results obtained by Professors Aikin and Toury from the stomach and viscera of General Ketchum, what produced the same results from the sediment in Mr. Van Ness' milk punch? No one pretends to say that there was either jasmine or chloral in that punch! If the jasmine and chloral produced the results Professor Aikin obtained from General Ketchum's stomach, what produced them in the punch? The taste of that sediment, as well as its analysis, showed the unmistakable presence of "an acrid, metallic poison," viz., tartar emetic.

Now if the sediment in the tumbler of punch yielded the results of Professor Aikin's analysis of that sediment, and he and Professor Toury obtained similar results in the stomach and viscera of General Ketchum, must it not follow irresistibly that inasmuch as jasmine and chloral did not produce the results obtained from the punch, so they could not have produced those discovered in the stomach of General Ketchum.

I think that I have now shown, beyond all question, that Professor McCulloch's experiment was *not analogous* to Professor Aikin's analysis, because he dissolved the *first* (the reddish brown) *precipitate* in *cold* hydrochloric acid, instead of boiling acid, and because he dissolved the *second precipitate* (the white cloud) in *hydrochloric acid* instead of *tartaric acid* as Professor Aikin had done. I have shown that the tartaric acid solution, when treated with sulphide of ammonium, threw down *promptly* a bright orange red precipitate, while Professor McCulloch's hydrochloric solution produced a *dirty white* precipitate. This precipitate, moreover, was *flocculent* in appearance, and required a *long time to settle* on the bottom of the tube, instead of falling promptly to the bottom as was the case with the antimonial precipitate.

Professor McCulloch's precipitate *never was red.* The liquid that contained the precipitate was red; but even that became black in a few hours, while the precipitate remained white. These results could never, by any possibility, be mistaken for the permanent bright red of the antimonial precipitate—not even "a chemist's eye" could see the resemblance.

I have thus very imperfectly examined the more important features of Professor Reese's "review." There are many other points to which I would like to call attention, but time will not permit. Enough has been said to show that General Ketchum did not die from cerebro-spinal meningitis, but that he died from poison by tartar emetic.

I think that the testimony shows that the doses of tartar emetic administered on Saturday and Sunday night and on Monday afternoon were not *poisonous doses*, but only

enough to produce sickness sufficient to prevent General Ketchum from returning to Washington with Mrs. Chubb. Then I believe that a *poisonous dose* of tartar emetic, *combined with laudanum*, was administered on Tuesday afternoon, and that a similar dose was given at one o'clock on Wednesday afternoon, which proved fatal in two hours.

STRYCHNINE POISONING TREATED WITH HYDRATE OF CHLORAL.

By S. A. Turner, M. D.,
Attending Surgeon, Grand River Agency, D. T.

(*Reported by* D. D. Crothers, M. D., *Albany, N. Y.*)

The purpose of this communication is to add another to the rapidly accumulating cases illustrating the power of the Chloral Hydrate over the convulsions attending poisoning by strychnine.

The patient in this case was a Sioux Indian, apparently aged 45, and reveling in the luxury of a plurality of squaws, one of whom, in a fit of affectionate jealousy of his attentions to the other, administered to him a quantity of strychnine upon food which she had prepared for his special enjoyment.

I was sent for, distance four miles, and saw the injured man at 12 M. All that I could learn through my interpreter, an "intelligent contraband," was that the sun was shining, and must have been "pretty high," when the food was taken; and that the "warrior," finding the food unpleasantly bitter, swallowed but a single mouthful, soon after which the sense of sight became much impaired, and convulsions ensued, spasm of the posterior muscles of the trunk predominating, with opisthotonos strongly marked.

When I first saw him the intervals between the recurrence of the spasms varied from thirty to sixty seconds. There was spasm of all the muscles of voluntary motion. No food had been taken since the day before, except the morsel containing the poison.

I administered gr. xxx of chloral. In thirty minutes the convulsions ceased, and did not recur until the expiration of thirty minutes more. Then there was a mild spasm, soon followed by a severe one. Gave chloral gr. xv, and the patient soon became tranquil, and remained so for thirty or forty minutes, when, another severe spasm occurring, I administered gr. xxx of the remedy.

In a few minutes the patient was tranquil, with power of vision nearly normal. The patient rested quietly for three hours, evincing considerable drowsiness at times.

A slight convulsion ensued, when I gave another gr. xxx dose of the remedy.

There was no return of spasm. The patient slept all night, and when seen on the following day complained only of intense muscular soreness. Recovery satisfactory.

Medical Societies.

Medical Society of New Jersey.

The Medical Society of New Jersey commenced its 106th annual meeting at the Court House, in the city of Paterson, on Tuesday evening, May 28th.

The following officers occupied their respective positions:

President—Charles Hasbrouck.

Vice Presidents—Franklin Gauntt, E. J. Thompson, and G. H. Larrison.

Corresponding Secretary—Wm. Elmer.

Recording Secretary—Wm. Pierson, Jr.

Treasurer—H. R. Baldwin.

Thirteen "Fellows" of the Society were present, as well as representatives from the District Medical Societies of the counties of Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Passaic, Somerset, Sussex, Union, and Warren.

The President delivered an admirable address upon "Popular Ignorance of Medicine and the Prevalence of Quackery."

Upon adjournment of the Society the members repaired to the Franklin House, where they were entertained at a sumptuous feast prepared by the Passaic County Medical Society.

At nine o'clock on Wednesday morning, May 29, the Society reassembled. A large amount of business was transacted with great harmony and good feeling.

Dr. Wickes, of Orange, presented the report of the Standing Committee.

Dr. Hodge, of Trenton, presented the report on the revision of the fee bill.

Dr. Warman, of Trenton, made a report on the subject of criminal abortion.

Delegates from other State medical societies were appropriately received and welcomed.

Dr. Phillips, of Trenton, read a history of a case of abdominal tumor.

Dr. Larrison, of Lambertville, read an interesting essay on "Diseases Prevalent in the Valley of the Delaware."

The following officers were elected for the ensuing year:

President—Franklin Gauntt, of Burlington.

1st Vice President—T. J. Thomason, of Perrineville.

2d Vice President—G. H. Larrison, of Lambertville.

3d Vice President—William O'Gorman, of Newark.

Corresponding Secretary—Wm. Elmer, of Trenton.

Recording Secretary—Wm. Pierson, Jr., of Orange.

Treasurer—H. R. Baldwin, of New Brunswick.

The Society will meet in 1873 at Mount Holly.

West Virginia State Medical Society.

The Society met at Wheeling, June 4th, Dr. LAZZELL, President, in the chair.

During the session Dr. Safford read a voluntary paper on specific Contagion of Puerperal Fever, which was referred to the Committee of Publication.

Dr. A. S. Todd sent in a communication withdrawing from the Society. Accepted.

Dr. Frissell, by invitation, addressed the Society on the treatment of cerebro-spinal meningitis.

Dr. Jepson reported a case of sudden death of a dropsical woman, in which a *post-mortem* one hour after death revealed the presence in the right vertical and pulmonary artery of a firm, elastic clot, over eight inches long.

The committee appointed to memorialize the Legislature for the repeal of all laws forbidding the study of practical anatomy, asked further time in which to report. Granted.

A voluntary essay on Hernia was read by Dr. Brock, and referred to the Committee on Publication, and permission was granted to Dr. Brock to publish it in such other medical publication as he may select.

Dr. Cummins having received a majority of the votes cast, was declared elected President for the ensuing year.

The election of Dr. Cummins was, on motion, made unanimous.

Dr. Davis nominated Dr. Roemer for First Vice President, and on motion the election was made unanimous.

Dr. Baird nominated Dr. Davis for Second Vice President.

Dr. D. declined, but the Society elected him unanimously.

Dr. Ford nominated Dr. Moore, of Wellsburg, for Third Vice President, who was duly elected.

At the close the President delivered his valedictory, as follows:—

Before the adjournment, allow me, gentlemen, to return my cordial thanks for your uniform kindness and assistance in conducting the proceedings of this Society. I am sensible of many imperfections and mistakes, but they have been of the head and not of the heart. I am fully identified with the interests of our Society to promote its interests and advancement.

To the profession and citizens of Wheeling we are largely indebted for the pleasant meeting we have had. That this has been an interesting and profitable meeting we all fully realize, and now feel that our Society is more firmly established in the hearts of the profession than ever. Thanking you all again, and hoping we may all meet one year hence at the Parkersburg Wells, I bid you adieu.

The Society then adjourned to meet at Parkersburg Mineral Wells, on the first Wednesday in June, 1873.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Effect of Menstrual Disorders upon the Vascularity and Nutrition of the Intra-Ocular Structures.

Dr. REUBEN A. VANCE, of New York city, writes to the *Boston Medical and Surgical Journal*:—The phenomena of menstruation may be attended by disordered vision, and it is possible that such visual disorders are due to the general commotion to which the female organization is subjected at this time, yet such cases are rare; and Dr. T. Clifford Allbutt, of Leeds, in his recent work, says that he has never been able to satisfy himself of their existence.* I have seen a number of cases in which photophobia and dimness of vision were complained of at the monthly periods, in which the ophthalmoscope did not reveal any disorder of the intra-ocular structures, and others again where hyperæmia of the disk and retina to a very marked degree, occurring at the same time, was unattended by any defect of vision.

The ophthalmoscopic appearances in the majority of cases in which symptoms referable to the cerebro-spinal system have been observed, are such as denote an increase in the quantity of blood in the intra-ocular structures. The retinal circulation is affected, but not to the same extent as that of the disk. The vessels of the latter are enlarged and their number increased. It may even assume a crimson appearance, and I have occasionally seen it so congested that

* Allbutt On the Use of the Ophthalmoscope in Diseases of the Nervous System and of the Kidneys; and also in certain other General Disorders. London: Macmillan & Co. 1871.

the whole fundus oculi appeared of a uniform color, and the site of the papillæ could only be discovered by tracing the retinal vessels to their point of convergence. The arteries of the retina may be but slightly affected—as a rule they are not enlarged to any great extent—but the veins are increased in size and number, and their course becomes irregular and tortuous. It is the proper vessels of the disk which undergo the greatest change, and the chief evidences of congestion will be observed at the intra-ocular termination of the optic nerve.

The proportion of cases in which intra-ocular congestion can be observed at the menstrual period is quite large, but the number of instances is small in which the ophthalmoscopic appearances of hyperæmia persist during the whole time the woman is unwell. In many cases where ladies suffering from menstrual irregularities have been under my care for disorders of the nervous system it has been possible to pursue ophthalmoscopic observations for a length of time, and not only to see the intra-ocular appearances during the time they were menstruating, but also during the intervening period. Two well-defined classes can be distinguished; one in which the irregularities of the intra-ocular circulation lasted but a short time, and were apparent only at the commencement of menstruation; another, in which they came on a day or two before the flow manifested itself, persisted during its continuance, and lasted a variable time after it ceased. The first class suffered more or less pain at the time these appearances were noticeable, but presented no abnormal nervous symptoms; the other class complained of mental depression, obscure nervous phenomena, and pain in the back and thighs.

Cases characterized by anæmia of the intra-ocular structures pursue much the same course, and present many of the symptoms observed in cases of congestion persisting throughout the menstrual period. An ophthalmoscopic examination alone can distinguish between them, and determine in a given case whether the cerebral symptoms complained of are due to hyperæmia or anæmia of the brain.

The mental symptoms due to the deranged nutrition of the brain so produced are manifold, and vary from the merest excitability of manner to the most furious mania, from slight depression of spirits to extreme melancholia, and in more than one case I have known the whole character of the individuals so changed as to lead to the commission of the most vicious and disgusting acts. It is in this latter respect that these cases acquire importance in a medico-legal point of view, and no expert can form an opinion entitled to any weight who has not carefully examined the patient with the ophthalmoscope before, during, and after her menstrual epoch. In this manner, and in this manner alone, can the physical condition of the intra-cranial organs, as regards these secondary vascular changes, be determined, and a basis of fact acquired upon which to found a rational opinion as to the responsibility or irresponsibility of an accused person.

Climate in Consumption.

Dr. Wm. H. Taylor, of Richmond, gives the following lecture on Climate, in the Virginia *Clinical Record*:—

I now come to the topic which has dictated this lecture, namely, change of climate as an agency in the treatment of consumption. A vast deal has been and might be said on this subject, but I shall condense what I have to say on it into a few paragraphs. Long ago the beneficial effects of change of air and scene were recognized and acted upon in the treatment of disease, and they are still sought after more assiduously than ever, despite the failure that too often attends the search. Notwithstanding the improved means of observation and the zeal of investigators, the science of climatology is yet very imperfect; and in many cases actual experience of a particular climate will prove to be palpably at variance with the most sagaciously formed opinion of it. The truth is that a climate is not apt to be consistent with itself, being one thing one year and quite another thing another year; its average character, which is determined for it by the climatologist and assigned on the authority of those ensnaring implements, the barometer, thermometer, hygrometer and rain-gauge, being commonly such as the oldest inhabitant does not remember ever to have experienced. Besides, there is great contrariety of temperament among people, so that a place which one man thinks very pleasant another pronounces unbearable, and a climate which the hale physician praises from personal knowledge of it as well adapted to the case is condemned by the ailing patient as decidedly unsuitable. Hence it becomes a matter of difficulty and responsibility to an undogmatic medical man to designate a residence for the invalid who relies on his opinion to guide him in this important point; and, on the whole, it would probably be the most judicious course to furnish the invalid with some general conception of the region and let him select a particular spot for himself.

The systematic writers on climatology advance various discordant opinions as to the fitness of certain places as residences for persons in different stages of consumption, making confusing and ill-founded distinctions based upon theoretical considerations and improperly digested meteorological tables. A satisfactory knowledge of the peculiarities of the climate of particular localities can be obtained only by prolonged residence therein. I would caution the invalid to trust no one's ideas on this subject absolutely, but suffer himself to be instructed by his individual experience. It is no real consolation to him, when a locality has worsted him, to know that it has done this thing in disregard of the express dictum of

the whole honorable and learned Faculty. Let him repair to a place of repute. Like enough he will find its climate provokingly opposed to what it ought to be according to all the laws of meteorology. Then, let him go somewhere else; and perhaps it will be just as well if he never finds a place that exactly suits, for this will make him bustle about, which is an advantage to him.

It is perhaps safe to say that climates differ in degree rather than in kind, though this difference may, to a consumptive who spends his winter in Florida or New England, be the difference between life and death. There is little reason for believing, as is popularly the case, that the air of one region is intrinsically more sanative than the air of any other. What the invalid really gains by change of abode is the opportunity for doing those things which he would or should do at home but that the circumstances of climate prevent him, namely, for making use of those cardinal hygienic measures which promote health. Of course he has more facilities for inhaling the pure fresh out-door air and indulging in suitable exercise where the winter is mild and equable than where it is rigorous and variable. He should remember that to obtain these facilities is his object in leaving home, and sedulously avail himself of them when they offer, not sitting and moping when he reaches his destination, but getting on his feet, or in his carriage, or on his horse, and stirring around.

To carry out this plan it is presupposed that the invalid has strength sufficient to do it—a presupposition which ought to be, but which by no means universally is, had in view. How often does the unfortunate victim leave his home to die in some extravagantly extolled, but alien land? He should have vigor enough to encounter the inevitable hardships of travel, and to spare, for if at the end of the journey he is too feeble to go about, the main source of hope for him is gone. If he is to depend upon the mere balsamic powers of the air for his restoration, experience assures us that he rests on a precarious support. If he has only to pine, he had better pine among his friends, for strangers usually have only such sympathy as money can buy for pining men. He should endeavor likewise to cultivate a taste for travel, striving hard not to become one of that too numerous class of peregrinating sick people who take travel strictly as medicine, taking a dose of Spain or Italy just as they would a dose of cod-liver oil, gulping it down and cursing the flavor. Taken thus it is sure to nauseate, and is apt to do more harm than good. The important inference from all this is, that whoever would realize the utmost benefit that change of climate can confer should resort to it early, while he still has sufficient elasticity of feeling to permit him to enjoy what he sees and enough energy of body to sustain him on the way, and while the disease, being yet incipient, is less capable of resisting the additional forces which his comparatively buoyant spirit and active frame will now enable him to bring against it. To him who has much strength travel will possibly give more; from him who has none it will probably take away even that which he has.

It will be gathered from my remarks that I much prefer the patient should go about from place to place to remaining constantly in any one locality. Above every other expedient, I would recommend him, if his physical and pecuniary circumstances permit it, to procure a comfortable vehicle, and in company with some congenial companion to prowl through the chosen region, placing himself independent of contingencies by taking everything necessary with him—"roughing it," but with the roughness mitigated to the utmost. If in doing this he could contrive to occupy himself with some light and pleasant pursuit, with the fascinating art of photography, for instance, I think that scarce any scheme would be more fruitful of benefit. I have met with persons who had adopted this plan, and they invariably lauded it in the highest terms, so that I feel authorized, both on theory and practice, to urge its adoption by those who have the means for carrying it out.

Some of the unpleasant concomitants of travel may be annulled or ameliorated by going no further from home than is really necessary; and it is with pleasure that I feel myself justified in advising the American invalid to restrict himself to Florida as a winter residence. Its climate is, in my opinion, equal if not superior to that of any portion of Europe that I visited. It is, too, to be preferred, I think, to that of Havana, whose heat was to me so excessive as to be exhausting. Fortunately, however, it is easy for the invalid to test this point for himself, for the distance from Florida to Cuba is but short, and possibly on trial he may find the climate of the latter to be more suited to the peculiarities of his own case; at any rate, between the two regions he may be quite sure of reaping every climatic benefit which he can reasonably hope to obtain from a visit by a longer and more trying journey to the famous sanitary resorts in Southern Europe. Of course in Florida he will not meet with the novelty and picturesqueness of scene, or popular peculiarities, or storied associations which make so large a part of the charm of foreign travel; but he will have the advantages, more prosaic, it is true, but perhaps more satisfying to a sick man, of easy communication with home, similarity of manners and tastes, and above all, the inestimable blessing of a common language.

Papillary Ophthalmia.

Dr. D. S. Reynolds says in the *American Practitioner*:—

Papillary Ophthalmia is an entirely different affection from trachoma. It is in no sense granular. It follows the more violent acute symptoms of purulent ophthalmia, and not

unfrequently occurs as a primary lesion in persons of debilitated constitution.

Papillary ophthalmia is sometimes due to endemic atmospheric causes, and has been thought by some to have prevailed epidemically in certain parts of Europe. Almost every writer on ophthalmic medicine and surgery has grouped both the papillary and the trachomatous diseases under one head; some of them describing the two diseases as different stages or varieties of granular ophthalmia, so called, and gravely asserting that the treatment should be the same in both forms of disease.

The pathological peculiarity of papillary conjunctivitis consists in a hypertrophy of the conjunctival papillæ, which must necessarily be confined to the palpebral portion of the membrane, as there are *no papillæ* in the ocular conjunctivæ. How absurd then to talk about unity in diseases so opposite in their very nature! The hypertrophied, elongated papillæ constitute villosities over the entire surface of the palpebral conjunctivæ, which gives rise to distressing symptoms, chiefly on account of the extraöcular pressure. When the papillæ are thin and flabby a stiffness in the lids, with slight sense of scratching on the upper surface of the eyeball, constitute the sum of the subjective phenomena; when, on the contrary, there is great vascularity and tumefaction of the membrane, pain, heat, a sense of dryness on the surface of the eyeball, with frequent gushes of hot tears, and throbbing sensation, with ptosis and intolerance of light, are all present, more or less. There is but slight vascularity of the subconjunctival tissue in this affection, the morbid action being almost exclusively confined to the mucous membrane proper.

There are different types of this disease, on account of the variety of causes that tend to its production; but I dare say the difference is almost wholly due to the presence of complications, such as depend not upon the presence of papillary conjunctivitis, but such as are brought into activity by the causes which produce the last named affection. How can we expect to arrive at a proper conclusion as to what is curative and what hurtful, unless clear lines of distinction be drawn between the pathological features of diseases similar in nothing except the site of their development?

In that form of papillary ophthalmia arising from simple catarrhal ophthalmia, sulphate of copper, applied once in the course of five or six days, by lightly gliding the stick over the exposed papillæ, followed by the cold, wet compressive bandage, with a collyrium every morning and evening, of one scruple of alum to an ounce of water, or one drachm of tannin to the ounce of glycerine, continuing the compressive bandage most of the time during the day, will be found successful in most acute cases. If there be manifestations of constitutional disturbance, of course constitutional medication must be promptly instituted.

In chronic papillary ophthalmia, arising from neglected catarrhal conjunctivitis, it will be best to apply muriate of ammonia in substance to the affected membrane at least once a day, and at the same time the collyrium of alum before mentioned. If the disease be a sequel to purulent or "Egyptian" ophthalmia, then there will be observed considerable thickening of the conjunctival membrane from interstitial deposit of plastic matter, the papillæ will not project far beyond the surface, and there will be noticed, upon close observation, a considerable amount of contraction of the orbicularis palpebrarum, constituting permanent blepharospasm, thus greatly endangering the safety of the cornea by friction. In all such cases section of the orbicular muscle, by extending the palpebral fissure outward, and securing the skin and mucous membrane along the whole course of the wound by sutures, will be a prerequisite to the successful treatment. Having performed the tarsorrhaphy or canthoplasty, the only after-treatment necessary in most cases will be alum, tannin, or chloride of zinc in solution. The strength of the zinc collyrium should never be greater than three grains to an ounce of water. Generally one grain will be sufficient if applied every two hours during the day.

Another form of papillary ophthalmia is that in which the patients are of strumous taint and much debilitated prior to the attack of conjunctivitis. In this class of cases iodide of iron, quinine, good diet, out-door exercise, and comfortable clothing should be first called into requisition. The local application of turpentine, one half drachm to an ounce of cod-liver oil, every morning and evening, will be about all that is necessary. In fact I believe the very best information for one to possess as to the treatment of papillary ophthalmia and trachoma consists in knowing what not to use or apply to the affected membrane.

While almost all writers on ophthalmology laud in the highest terms the mitigated nitrate of silver and the sulphate of copper, applied in substance, frequently repeated, they take the pains to mention that many cases are incurable. Now, as a matter of daily observation, every one knows that twenty or forty grains of nitrate of silver to an ounce of water will, if frequently applied to a mucous surface, very soon excoriate and finally destroy the membrane itself. This being true, how much more dangerous the daily application of sulphate of copper in substance or the "mitigated stick," the liquor potass. acetic, and sulphurous acids may be can easily be conjectured. I take the pains to assert that no excoriating application can possibly fail to aggravate the disease under consideration; that caustic applications are wholly unjustifiable, and their use in papillary conjunctivitis should be made actionable at law; because every one must know that caustics destroy mucous membrane, and that when once destroyed it can never be reproduced.

The Calabar Bean in Spinal Meningitis.

Dr. HENRY G. TODD says, in the Indiana *Journal of Medicine*:—

After suffering the anxiety and disappointment that most physicians in the country have felt in the treatment of spinal meningitis, my mind was directed to the calabar bean, as a remedy offering a better hope of success than anything I had used, or seen recommended in the journals, its effect, according to Dr. Christison and others, to so modify the action of the spinal nerves as to produce paralysis of the voluntary muscles, the very effect that is indicated in the local tetanus, or opisthotonos of spotted fever. With these views I obtained, more than a year ago, a few of the beans, and, also, a tincture, from Browning & Sloan, containing two ounces of the bean to one pint of alcohol. This being a potent agent, with no officinal preparation, I did not feel at liberty to prescribe it till I had tested its relative dose by personal experience. I commenced by taking twenty-five drops of this tincture every fifteen or twenty minutes, till I had taken two hundred drops in two and one-half hours. This produced a very marked sensation of languor and indisposition to move, but by an effort of will my muscles were as fully under my control as before. No contraction of the pupil was discoverable, and the pulse remained without change. The experiment was carried no further and not repeated. I was treating at that time a child fifteen months old, with quite a violent attack of spinal meningitis. I directed eight drops of the tincture to be given at intervals of three hours. The dose was not increased, but the intervals were shortened when I had opportunity to give personal attention. And here let me remark, that in this, as also in two other cases that I attended shortly afterward, my time was so occupied that I could not remain with my patients, to watch the effect, and the remedy being an active one, and comparatively new, I was afraid to allow any discretionary liberty with the nurse; and though I considered the results very satisfactory, yet it was by no means a proper test of the efficacy of the remedy. In two recent cases in which I have used the bean, however, I have been able to give personal attention, pushing the remedy more vigorously, and with results equal to my most sanguine expectations. In both of these cases (which were adults) I used the pulverized bean, as giving a better opportunity to graduate the dose. I commenced with four grains of the powdered bean, and repeated with three-grain doses every hour till relief was obtained from the urgent distress occasioned by the tension of the muscles of the neck and back. This object was partially attained after the third dose, but comparative ease was secured after the fifth, and the remedy was continued at such intervals as would give the patient comparative rest and comfort; but in neither of those cases was it pushed far enough to produce contraction of the pupil, though they complained of the depression. This treatment was continued in one of the cases about ten days, the other a shorter time, when the disease appeared so far recovered that the bromide of ammonia was substituted for the bean, and my patients recovered. Though the above cases were not as violent as we occasionally meet with, yet the symptoms were urgent and distressing, and the relief so speedy and important that I shall use the remedy hereafter with great confidence; and if the foregoing suggestions should result in a trial of the remedy by my professional friends, my object will be accomplished, and I hope much suffering relieved.

Singular Nervous Symptoms.

In the Canada *Lancet* Dr. W. S. CHRISTOL, of Flesherton, Ontario, relates the case of a lad, eleven years old, slender, sanguine temperament, of fair intellect. Some of his symptoms are described as follows:—

Whenever placed in an easy position, in quietude, he gradually passed into a singular condition of nervous derangement, breathing stertorously, and at each inspiration the body was raised fully six inches, the points of contact being the heels and head; this would continue for a while; then he would talk over every imaginable thing passing through his mind, whistle, sing, eat, snap, and occasionally turn a half somersault, without touching the bed with his hands. Accordingly he was directed to lie down to rest before dinner; in a few minutes he got into the peculiar state mentioned above. He breathed stertorously as before, but they had found that if his shirt was loosened he would immediately stop; taking the hint, I loosened the shirt collar, and found the statement correct. I practiced pressure on several portions of the body, and noted down the results.

The great sciatic nerve was first manipulated, and the moment pressure was made the leg was stretched and stiffened like a pole; each repetition produced the same result. I then placed my thumbs on the supra-orbital foramen, right and left alternately, and instantly the mouth was drawn towards the side pressed; pressing both at once the mouth was drawn to a funnel shape, with the tongue protruding, and rapidly passing from side to side. The infra-orbital was the next point, but no external muscular action took place; on pressure an invariable attempt to pronounce the monosyllables "yah, ah, or yes," was made. I tried the mental foramen, but found no response; perhaps I missed it. The right ulnar nerve was manipulated; it excited him to cough, as though some foreign body had fastened in the trachea; the same earnest attempt to get something out of his throat was the result of pressing this nerve. The left ulnar, however, produced no such phenomenon, but instead the lad would begin to kick most violently. Pressure over the region of the carotid artery on one side caused the body to be thrown into a wriggling kind of motion, with the head inclined towards the

side pressed. On both sides the inevitable stertor in the breathing was produced. Pressure on the dorsal vertebræ would cause him to speak. I placed my hand on the occipital bone, and instantly the half somersault was produced. Although lying on his back, this motion was quick and certain, the whole body being thrown forward; by placing the thumbs on or about the coronal suture, above the superciliary ridge, the pain seemed to be intense, he uttering a kind of muttering groan; out of pity you instantly desist. Grasping the foot, and placing the thumb over the instep, he at once commenced to manipulate the dumb alphabet on his fingers, which, under ordinary circumstances, he is entirely ignorant of. I inquired particularly about this, and was informed that when a very little fellow he saw a deaf and dumb lad performing; I tested his knowledge in every possible way by repeating the letters made by him on my own fingers, but all seemed a blank.

This phenomenon so interested the little folks of the house that, while I was examining other parts, they would grasp Johnny's foot to see him make the letters. The cranial nerves, right and left, seemed to be alike impressible, and produced similar phenomena, but not so with the nerves of the extremities, the right having excess of sensibility. Perhaps the most interesting point of all is, that if you press on the squamo-parietal suture a little posteriorly, he recovers instantaneously, rubs his eyes, acts a little strangely, and goes about his business as if nothing had happened. I might add that any two or more phenomena might be produced at the same time. The features during the paroxysm are much flushed, and the slightest touch on the cranium produced the results named.

Profuse Menorrhagia treated with Morphia.

Dr. W. T. CARTER reports the following case in the *American Practitioner*:—

Mat Stone (colored), aged twenty-nine, mother of four children, youngest about thirteen months old, on February 15th menstruated for the first time since the birth of her last child. Menstruation continued about four days, during which she lost a very small quantity of blood. Her subsequent menstruation, which occurred in very nearly two weeks after the disappearance of the first, was so profuse, being also accompanied by severe pains in the hypogastrium, as to reduce her to a state of extreme debility. On examination I found the os uteri patulous, hypertrophied, with very little if any eversion, and great vascularity of the mucous membrane of the os and cervix. The history of the case and the condition of the uterus preclude the possibility of intra-uterine polypus; and the length of time which has elapsed since the birth of the last child, with the smallness of the uterus, show plainly that the cause of the menorrhagia was not imperfect involution. The patient being an inveterate eater of dirt (pica), which caused an obstinate constipation, not having more than one evacuation of the bowels weekly, I ordered a mild laxative, to be followed by drachm doses of fluid extract of ergot every two or three hours. Having given several doses of the ergot without noticing the least perceptible cessation of the discharge, I added tincture of cannabis and gallic acid. This caused an amelioration of symptoms, which returned with increased violence if the patient assumed a sitting posture in bed even. Various other remedies were exhibited, to which were subjoined astringent injections. All, however, proved perfectly valueless. Continued loss of blood, suffering, and inability to take only small quantities of food, were rapidly exhausting the system. Cold applications were made, but failed to cause contraction of the uterus, which was now remarkably relaxed. There was an excessive secretion of urine, attended by a continued escape of that fluid from the bladder.

The pain in the hypogastrium, which was at times periodical, increased in severity. She complained of restlessness, great thirst, and a dryness of the skin. Half-grain doses of sulphate of morphia were ordered to be given as often as necessary to insure complete freedom from pain. The first dose was administered at ten P. M., after which she passed a comfortable night, and reported herself in the morning as feeling much better. Noticing a marked diminution in the sanguineous discharge, the morphia powders were continued. After having taken five powders, one being given every six hours, the flow ceased, and she gradually resumed her natural health. She has menstruated once since without any trouble.

Carbolic Acid as an Anæsthetic.

At a late meeting of the Medical Society of New York, reported in the New York *Medical Journal*, Dr. ANDREW H. SMITH, from the Committee on Intelligence, read a Report on Therapeutics, from which we extract the following:—

Dr. Bill, of the United States Army, and Dr. Squibb, have recently called attention to the action of carbolic acid as a local anæsthetic. As their papers have had a very general circulation, I will not give a synopsis of them, but merely state the results of some experiments that I have made upon my own person, which agree entirely with their experience.

In the first experiment I painted a spot on the forearm, about an inch in diameter, with carbolic acid of about the strength of 85 per cent. For about a minute there was a slight burning sensation, after which the integument became entirely insensible, the cuticle being whitened and shrivelled, and the spot slightly elevated. I then with a scalpel made an incision about half an inch in length through the whole thickness of the integument. This was done without even feeling the contact of the knife. The capillary circulation seemed not to be ma-

terially interfered with, as the blood flowed as freely as it would from a similar wound under ordinary circumstances. The reparative process was also not impaired, adhesion taking place immediately. Three hours after the application of the acid a needle could be thrust freely into the skin without causing pain.

In the second experiment carbolic acid was applied as before, and ten minutes after a fly-blister was placed upon the spot. The blister remained eight and a half hours without causing any pain, and without producing vesication.

In two instances I have applied the acid previous to incising a whitlow. The operation was almost painless; but as the whitlow was in each case of the superficial variety, the test was not entirely conclusive.

Inhaled in the form of spray, I have found the acid very useful in allaying irritation of the bronchial mucous membrane; coughs which have resisted all ordinary treatment have been immediately relieved, and in the course of two or three days entirely removed.

I would suggest the use of a strong solution of carbolic acid as a revulsive, in cases in which a continuous impression is desired. While causing but little suffering, it produces an intense hyperæmia of the skin, which persists for eight or ten days, and is followed by desquamation of the cuticle.

Tic Douloureux and Neuralgia.

HERTZKA, remarks the New York *Medical Journal*, believes he is making an important contribution to the pathology and treatment of nervous affections, by suggesting the causes leading to the differential diagnosis of the above-named affections, which, in most treatises on pathology, are completely identified, and which, nevertheless, are very different processes in the fifth pair of cerebral nerves. He herein merely reproduces the views of Professor Benedikt. The most important point in neuralgia is the kind and manner of the pain; the pain increases slowly, then remits slightly, later on becomes more severe, again remits a little, to increase again and entirely cease, or to continue in a milder degree. It further attacks entire nerves, and is rapidly and surely healed. In tic douloureux (Fothergill's facial pain), on the other hand, the pain is lancinating, increases rapidly, and sinks again rapidly; some single points only are attacked (Valleix's points douloureux), especially at the points of exit of the nerves out of the bones, and it is more rarely, and only gradually, cured. Both diseases are to be treated by the galvanic current, although in different ways. In tic the action is directed upon the trigeminus and the single painful points; in neuralgia, upon the vasomotor nerve centres, and the sympathetic ganglia in the neck, in order to produce a contraction of the vessels through the vascular nerves; and further, the current is passed as well along the head, cervical vertebræ, and forehead, as through the head at the cheek-bones.

Conservative Surgery in Minor Operations.

Dr. A. P. GRINNELL says, in the New York *Medical Journal:* — John Hunter believed that the surgeon who practiced amputation of any part of the human body acknowledged his ignorance or want of skill, for he should have possessed the knowledge or power of saving the whole, not destroying a part. It would, indeed, be gratifying to the surgeon who is called to amputate at the thigh for injury below the knee, if he possessed the ability of instituting a course of treatment which would result in perfect restoration of the whole limb. Conservative surgery has accomplished much in checking the wholesale destruction of diseased or injured parts, and taught the surgeon to wait, withhold the knife, and observe the power of Nature to effect a cure. Formerly, the universal treatment for inflammation of a joint was amputation above the affected part; now we know a limb is seldom, if ever, lost, even if the knee or ankle-joint has suffered severe injury. In proof of Nature's capability in effecting restoration of injured, even mutilated joints, I would cite two cases which have recently come under my observation.

Case I.—A lad, aged fourteen, of a vigorous, healthy constitution, received a severe wound on the right hand by a circular saw. Upon examination of the injury I found that the saw had entirely severed the third finger, with the exception of a little cuticle which held the end suspended between the first and second articulation, had disarticulated the first and second phalanges at the second joint, and, besides, injured the soft parts in different portions of the hand. My first thought was to finish the amputation of all dependent portions, but, upon reflection, I determined to afford Nature an opportunity of showing her skill in establishing a union of these lacerated tissues. The subsequent treatment involved much care and attention, but the result was sufficiently gratifying to reward the effort of preserving the whole hand. We have been taught that in all injuries of this character, where union has taken place, sensation was lost, and the power of motion considerably impaired; but in the above case bone united firmly with bone, tendon with tendon, nerve with nerve, and the circulation of blood was fully restored. Sensation is perfect beyond the point of injury; and, to have secured this result, nerve must have united with nerve, for the amputation of all sensitive portions was complete. The power of motion is also preserved, although not perfect in one finger, owing to anchylosis of a joint.

Case II.—This case resembles the former in all particulars, except that the instrument inflicting the injury was a scythe instead of a saw, and the seat of injury being the metacarpo-phalangeal articulation of the

thumb. All the flexor muscles of the thumb were severed, and the joint fully opened, allowing the disarticulated thumb to rest upon the wrist. The treatment consisted in bringing the thumb to its proper place, securing the cut edges by sutures, and protecting the whole from air by the application of isinglass-plaster. At the expiration of six days, on removing the dressings, I found the wound entirely healed, no inflammation having followed the injury, sensation and motion perfectly restored, and mobility of joint unimpaired. From the result in these cases, and others similarly treated, I am disposed to think we are justified in making the attempt, at least, to save every and all portions of the hand, however much it may have undergone mutilation. There has been no artificial device or apparatus, nor can there be one discovered, which could be substituted for any part of the human hand; and the surgeon confers a lasting benefit upon his patient by remembering this fact, and with patience, judicious treatment, and attention, the result will be a reward beyond his expectation.

Reviews and Book Notices.

NOTES ON BOOKS.

——Dr. Francis H. Brown (97 Waltham street, Boston) proposes to issue a "Register and Directory" for the cities of Boston, Cambridge, Charlestown, and Chelsea, for the especial use of the Medical and allied professions. It is intended that this work shall contain such information concerning Societies and Associations, Hospitals and Dispensaries, Charitable Asylums, Institutions, and Societies, Laws and Ordinances relating to professional men, the addresses and office hours of Physicians, Dentists, Pharmacists, etc., as is daily needed by every active member of either of the professions named. Price $1.50.

——Dr. Elam's new book, shortly to be published by the Osgoods, is entitled "Clinical Studies of the Brain," and is principally devoted to setting forth the symptoms and causes of what the author terms "Cerebria," but also discusses other inflammations of the brain.

——Lindsay & Blakiston have recently issued a new and neat catalogue of their publications, *apropos* of the Medical Convention in session here lately. They have in preparation a reprint of the sixth edition of Aitkins' "Science and Practice of Medicine," a work which has met with great success both in this country and in England. It is edited, with numerous additions, by Meredith Clymer, M. D., of New York.

——We have received:—

"Amnesic and Ataxic Aphasia with Agraphia and Temporary Right Hemiplegia, the Result of Embolism of the Left Middle Cerebral Artery, by T. M. B. Cross, M. D., etc.;" reprinted from the *American Practitioner* for April.

"Fifty-fifth Annual Report on the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason."

BOOK NOTICES.

Mortality of the United States (by States and Territories), with Distinction of Sex and Percentage of Deaths to Population at the Censuses of 1870, 1860, and 1850. Washington, 1872. Government Printing Office. 1 vol. 4to, pp. 423.

The discussion of the returns of the last Census are now going rapidly forward. The present tables are part of the volume on the Vital Statistics of the United States. Their value is derived from the fact that they distribute nearly half a million deaths according to disease, age, sex, nativity, race, color, and occupation, and month of death. The bearings of this subject will be fully discussed in the final publication.

These tables will be preceded in the full volume by remarks, and by comparative and percentage tables, and will be followed by the statistics (already in type) of the afflicted classes (the Blind, the Deaf and Dumb, the Insane, and the Idiotic), by the Birth-tables and the tables of Age and Sex for the living population.

We may confidently anticipate results of great value to State medicine by such statistical labors.

Report to the Surgeon General of the United States Army on the Minute Anatomy of Two Cases of Cancer. By Assistant Surgeon J. J. Woodward, U. S. Army. Washington, D. C., 1872. Pp. 10. Two Photographs.

The very careful examination to which these cases were submitted by Dr. Woodward was undertaken largely for the purpose of studying the genesis and nature of the nucleated or cell-cylinders so characteristic of these malignant growths. His results are not determinate, and he expresses himself as unwilling to commit himself warmly to the advocacy of any detailed views as to their origin. He considers it almost a certainty, however, that they are conditioned in their form and direction by the pre-existing lymphatic passages.

Such conscientious investigations and important conclusions reflect the highest credit on their author, and vouch for the high state of efficiency of the department in the scientific bureau over which he presides.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 15, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PATENTED MEDICAL COMPOUNDS.

From the weekly Patent Office reports which we have recently published at the request of some friends in this journal, it appears that about five or six medical compounds or surgical instruments are patented every week in the United States.

It is well known that in all cases the recipe of the compound, with a description of its purpose, and a sample, must be deposited in the Patent Office on application. This gives the public an opportunity to learn what patent medicines are; and we believe it will be of service to the profession to quote several formulæ which have been patented, to show the kind of preparations these amateur healers mostly fancy. We are enabled to do this chiefly by some recent searches in the records published in the *Druggists' Circular*.

Patents began to be issued in this country in 1790, and the first pills were patented in 1796. They were "anti-bilious," of course. But confining ourselves to preparations patented within the last ten years, the protection for which has not yet expired, let us see what they are like.

Here is one for a liniment, patented by EDWARD CONWAY, Dayton, Ohio, March 17, 1863:—

Tinct. camph,
Ammonia,
Tinct. opii,
Tinct. orris root, aa 1 part;
Tinct. white oak bark,
Tinct. cedar bark,
Fourth-proof brandy,
35° above proof whisky, aa ½ part.
Mix and distill!!

The following is a "rheumatic liniment" claimed by LOUISA E. ANDERSON, St. Louis, Nov. 17, 1863:—

1 dozen eggs,
1 dozen garden peppers,
1 pint mustard-seed,
1 roll brimstone,
℥ij camphor.

Enclose in a suitable vessel, and roast before a slow fire until dissolved; add, while cooling—

Oil turpentine,	½ pint.
Laudanum,	℥ij.

The following is supposed to be a sovereign remedy for the piles; it was patented by WILL. CARR, Maine, May 12, 1863:—

Decoct. of fir bark,
add 5 tablespoonfuls of powd. hard wood charcoal,
2 teaspoonfuls powd. resin,
1 grated nutmeg,
Mix. Drink. (Query: all at once?)

The next is, we suppose, intended for typhoid fever. It is called an "Improved Anti-typhous Remedy," patented by J. P. PERTIG, St. Louis, Sept. 8, 1863:—

Julap. camphor,	℥ij.
Camphor,	gr. xij.
Aqua,	℥ij.
Mucilage, alcolol and syr.,	q. s.
Muriatic acid,	℥j.
Acet. ether,	℥ij. M.

Croup is to lose all its terrors by the use of the following mixture patented by CALEB SANBORN, Maine, 34,905. April 8, 1862:—

Tincture of lobelia,
" scutellar,
Molasses.

For the general treatment of "looseness

of the bowels" we are supplied with this "Astringent Medicine," by F. W. FERRIS, Macon, Miss., 30,396. Oct. 16. 1860:—

I. Pulv. cort. pruni virg,	
" " popul,	aa ℥iss.
Sacchar. alb.,	
Brandy or alcohol,	aa ℥viij.
Water,	q. s. M.

No better argument for the view that all secret nostrums should be by law patented can be advanced than the perusal of these formulæ. These are the vile preparations which are put up in boxes and bottles with gaudy wrappers and vended over the counters of country stores and second-rate drug shops. The ignorance they display, the utter want of either medical or pharmaceutical skill, would soon become apparent to the intelligent press of the land, and their worthlessness quickly be recognized.

Some of the instruments for medical purposes which have been patented are also curious. Several have been patented for the purpose of preventing conception (!) the first as far back as 1846, by J. B. BEERS. But one of the most singular is "a Trap for the Tapeworm," letters on which were actually granted, Nov. 14, 1854, to Dr. ALPHEUS MYERS, of Logansport, Indiana. It is thus described:—

Trap of gold, one inch long by ¼ inch diameter, a hollow tube in three pieces, having holes and other contrivances. After the patient has fasted from two to six days, the trap baited for the worm is swallowed, the end of a cord attached being returned from the mouth. The worm, in reaching the bait through a hole, is to get his head caught by teeth, when trap and worm are withdrawn together.

If the worm is not caught in twelve hours, the trap is brought up and baited anew.

There are hair restoratives and cosmetics innumerable. Here is one of the former; letters issued to JAMES LOUCKS, January 5, 1864:—

Olive oil,	
Tinct. lobel. inflat.,	
" cypriped pubesc.,	
" agrimon. eupat.	

On what principle patents are granted for such compounds we are unaware, certainly not on that of an investigation of their merits. While so many are applied for successfully, however, it is well to let the profession know what their general character is. So far from restricting such patents, our true interests are to insist on all secret preparations being patented, and then go to work to show their worthlessness.

NOTES AND COMMENTS.

Letters About Cundurango.

Prof. E. ANDREWS publishes in the Chicago *Medical Examiner* some letters from South American surgeons on cundurango, and its medicinal qualities.

To sum up the result, it appears that the profession in Ecuador have confidence in cundurango, more especially in syphilis; but it is very doubtful whether the fluid extracts retailed to us are properly made from the genuine drug. One of the letters is from Dr. Augustin Ruiz, of Loja. This town, Loja, is the capital of a province of the same name in the heart of the Andes, and is in the region where the cundurango grows, and where its qualities were first experimented on. Dr. Ruiz offers to sell the article, delivered in New York, at two dollars a pound, when Bliss & Keene were doling it out at forty dollars a pound. It is also noticed that the old Indian in Loja who first took it, and is reported by Dr. Bliss to have been thereby cured of cancer, is stated by Dr. Ruiz to have had nothing but tertiary syphilis; and, further, that he is not aware that cundurango possesses any power to cure cancer. He is, however, like the other medical gentleman of Ecuador, strongly impressed with its anti-syphilitic power.

How to make Koumiss.

Dr. TOWNSEND (Cork) says that koumiss was used by his father many years since in the treatment of phthisis. The following is the manner in which he prepared it, and it answered well:—

Take one quart of new milk, one noggin of good thick milk or fresh buttermilk, and three or four lumps of white sugar. Mix all together from jug to jug till the sugar is quite dissolved. Put it in a warm place to

stand for ten hours. It will then be quite thick. Pour it again from jug to jug till it is smooth. Bottle it in soda-water bottles; let it remain in a warm place for thirty-six hours (twenty-four in summer). Use the best velvet corks; tie them down; shake the bottle well for five or six minutes before it is opened. It will have whey at the bottom when fit for use. It is to be made every day, and taken in quantities. Its fermentation is the test of its excellence.

Medical Greek.

A correspondent of the *Athenæum* humorously criticises the medical Greek which it is now the fashion to introduce into the nomenclature of disease. He instances the word *dipsomania*, the addition of which, as he remarks, was about the only one point on which the doctors did not disagree during the recent controversy on the use and abuse of alcohol. *Dipsomania*, if it means anything at all, means "a mania for being thirsty," and not what the doctors understand by it, but just the reverse. The critic suggests that *potomania* would suit the purpose better. Besides being decent Greek, and meaning what it says, this word would have the advantage of a peculiar significance for the purely British ear. There is another barbarous word now in vogue, for which we are probably indebted to "the faculty," namely, *cleptomania*. According to all analogy (*clepsydra*, etc.) this ought to be *clepsimania*. There exists a Greek word, *λιπεψιτοεῖν*, "to drink unfairly," *i. e.*, "to take backhanders"—a form of "dipsomania" which the doctors have not yet discussed.

Saved from the Fire.

So long as fatal accidents from the ignition of ball and ballet dresses and the like continue tooccur, we think a duty to recall from time to time the available means for preventing the dreadful accidents and loss of life, of which a long and ever increasing series is recorded, occasioned by the ignition of the inflammable fabrics used as ladies' wearing apparel. In a recent number of the *Annalen der Chimie*, A. Patera reviews the various substances which have been proposed to be added to the starch or dressing used in making up the readily inflammable fabrics so as to prevent, if not altogether the combustion of the same when taking fire, the fabrics bursting into flame. While highly approving the use of tungstate of soda, the author yet thinks that there may be substituted for it a cheaper material, viz., a mixture of four parts of borax and three parts of sulphate of magnesia. These salts are mixed together just before being required (otherwise insoluble borate of magnesia is formed too early), and then dissolved in from twenty to thirty parts of warm water, in which the fabrics are to be immersed, next wrung out, and then dried. A mixture of sulphate of ammonia and gypsum may be used for coarse fabrics.

Medical Education of Women.

Sir STIRLING MAXWELL recently remarked that "he was in favor of teaching women all that they desired to learn, and of opening to them the doors of the highest oral instruction as wide as the doors of book-learning. As to medical education, he said that so long as women would minister to their sick children and husbands, he must hear some argument more convincing than he had yet heard why they were to be debarred from learning the scientific grounds of the art of which they were often the empirical practitioners, or the docile and intelligent instruments."

Influence of Quinine on the Self-oxidation of the Blood.

SCHULTZE (*Centralblatt fur die Med. Wissensch.*, No. 46, 1871) has investigated the influence of quinine on the *post mortem* formation of acid in the blood described by Zuntz. He finds that the slow acidification of defibrinated blood, as well as the marked formation of acidity which precedes coagulation, is hindered by quinine. This would seem to point to the fact that quinine acts directly on tissue-metamorphosis quite apart from any influence of the nervous system.

The Discovery of Citric Acid.

Harper's Magazine tells this pathetic story:—

There is still standing, close by Temple Bar, in London, an old chemist's shop. The proprietor of it in days gone by enjoyed the monopoly of making citric acid. More favorably circumstanced than other secret manufacturers, his was a process that required no assistance. He employed no workmen. Experts came to sample and assort and bottle his products. They never entered the laboratory. The mystic operations by which he grew rich were confined

to himself. One day, having locked the doors and blinded the windows, sure as usual of the safety of his s cret, our chemist went home to dinner. A chimney sweep, or a boy disguised as such, wide awake in chemistry, was on the watch. Following the secret-keeper so far on his way toward Charing Cross as to be sure he would not return that day, the sooty philosopher hied rapidly back to Temple Bar, ascended the low building, dropped down the flue, saw all he wanted, and returned, carrying with him the mystery of making citric acid. The monopoly of the inventor was gone. A few months after the price of the article was reduced four-fifths. The poor man was heart-broken, and died shortly afterward, ignorant of the trick by which he had been victimized. Like Miss Tabitha Bramble, when informed that the thunder had spoiled two barrels of beer in her cellar, he might have said, "How the thunder should get there, when the cellar was double-locked, I can't comprehend."

The Importance of Clean Bottles.

Mr. F. J. Bailey, L. R. C. P., reports a singular case of poisoning in the *British Medical Journal*. A child a fortnight old was ordered dill-water. This, when obtained, was put into a bottle which had previously contained nepenthe. A label was on the bottle with that name. The bottle was empty, whatever nepenthe there had been in it having dried up, and left a deposit of opium on the sides and bottom. The dill-water dissolved the opium; and, upon analysis by Dr. Campbell Brown, was found to contain morphia and meconic acid, in a proportion equal to about 2 per cent. of opium, a teaspoonful being equal to about twenty-four drops of laudanum. A teaspoonful was given to the infant about 11 P. M.; he died about 4 P. M. the next day. He fell asleep immediately upon the dose being given. His breathing was noticed to change about one hour afterwards. Convulsions and narcotism came on.

Women's Claims.

The *Boston Transcript* says:—

Miss Kate Field is right in thinking that women, as well as men, should be heard at public dinners. If anything can give an added grace to occasions of the kind, it is the presence and the voice of women. And the occasion of all others on which to make the innovation is the one she chose—of a festival of the London Hospital for the treatment of the throat.

Change of Printing.

The change of our printing to a new establishment has caused considerable irregularity and delay the past two or three weeks. The result of the change, however, we confidently expect will be greater regularity of issue, and especially less to complain of on the score of typographical errors.

To Destroy Garden Pests.

A Mr. Higgins, of Montreal, Canada, recommends for this purpose the following method and means:—Mix or infuse in three gallons of hot water one pound of *black hellebore*, and add afterwards ten pails of cold water. Syringe or wash the trees or bushes with the infusion, and the destructive effects will be immediate and complete.

Local Anæsthesia.

Local anæsthesia by sulphate of morphia before surgical operations hypodermically or upon wounds, gains much attention. Dr. Spessa uses a solution of about one grain to the drachm of water.

Correspondence.

DOMESTIC.

Ice Treatment in Inflammation of the Tongue, Mouth and Throat.

EDS. MED. AND SURG. REPORTER:

I was called to see Clara W. on the evening of May 18th. Found her suffering greatly from a sudden attack of inflammation involving the tongue, mouth and throat. She was not able to swallow anything; not even cold water. The tongue swollen so as nearly to fill the mouth. She was not able to talk so as to be understood; jaws stiff and swollen; scarcely able to open her mouth sufficient to admit a very small piece of ice. Rapid pulse; high fever; pain in her back, limbs and head. This condition of the patient came on rapidly during the day. She had felt very little soreness in the morning.

Being favorably impressed with your frequent contributor, Dr. HIRAM CORSON, and his ice treatment in scarlet fever, measles, diphtheria, etc., and having treated a case prior to this of rapidly swollen tongue and mouth with ice, my first thought on seeing the patient was ice; I had a lump broken in small pieces, and commenced putting them in her mouth piece after piece as fast as practicable; I also applied a towel wrung out of ice-water around her neck.

The condition of the patient soon changed; the skin became cool, pain and dryness in the throat subsided. In the course of two hours she could talk so as to be understood, and stated that she felt much better.

May 19th, morning. Found the patient much better; throat but little sore; could swallow with but little pain. Throat a little sensitive on pressure; jaws more relaxed, but the tongue still very thick. On examin-

ing it I found no inflammation, but a soft sponginess of the texture. It could be pressed with the handle of a spoon to nearly its normal size. I prescribed an astringent wash for the tongue, and continued the ice.

May 20th, morning. Patient convalescent, without any mark of the disease except a slight sponginess of the tongue.

I attribute the rapid recovery of the patient to the ice treatment, believing that any other remedy would have failed, and that in absence of the ice the patient would soon have been in a precarious condition on account of the rapid swelling ultimately closing the throat. What remedy could have been used with success in absence of the ice? She could not swallow medicine of any kind, not even use them as a gargle. What other remedy could have been used to stop the rapid and dangerous swelling? Would blood-letting have availed, either local or general? A. S. HARSHBERGER, M. D.

Milroy, Pa.

Shall we Attend the Families of Clergymen Gratuitously?

EDS. MED. AND SURG. REPORTER:

In the MEDICAL AND SURGICAL REPORTER for May 18, 1872, is a communication from Dr. HURD, of Massachusetts, touching the gratuitous attendance of clergymen and their families by medical men. The question is a delicate one, and which it is perhaps better to leave to individual discretion and feeling than to attempt to lay down any rule for the guidance of physicians. If, however, you will allow me through your widely circulated and justly popular journal respectfully to answer the doctor in a few words, I will endeavor to do so.

Dr. PERCIVAL, who is admitted as high authority, and whose treatise on Medical Ethics has been the standard work on the subject for three quarters of a century, both in England and in this country, says:—"Clergymen, who experience the *res angusta domi*, should be visited gratuitously by the faculty. And this exemption should be an acknowledged general rule, that the feeling of individual obligation may be rendered less oppressive. But such of the clergy as are qualified, either from their stipends or fortunes, to make a reasonable remuneration for medical attendance, are not more privileged than any other order of patients. Military or naval subaltern officers in narrow circumstances are also proper objects of professional liberality."

The following paragraph from the Code of Ethics of the College of Physicians of Philadelphia is so admirable and apposite that I cannot refrain from giving it a place here. It reads thus: "There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood and certain public duties, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public, or by rich individuals, societies for mutual benefit, for the insurance of lives, or for analogous purposes, nor any profession nor occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded."

The foregoing extracts comprise, I think, all that need be said on this topic, and, indeed, so far as my experience goes, the majority of clergymen do not claim, on account of their profession, gratuitous medical advice. Many, in fact, object to employing a physician without making him some compensation proportioned to their ability, and often much smaller than their gratitude would dictate.

It is painful to admit another proposition in Dr. H's. note, but I fear that it cannot be wholly denied. I refer to the idea that to be the physician of the pastor's family is a passport to the patronage of the congregation, and that the pastor is expected to use his influence in return for cheap doctoring. Such motives are very contemptible, and unworthy of a high-minded and dignified physician, who should trust (how fallacious is often his trust) to his own talents and medical knowledge for success in his career, which should be based on the solid foundation of information and profound acquaintance with the principles of his profession, and not on the ephemeral support of any class or order of society.

Still more degrading, and I blush to be

obliged to acknowledge that it does exist, is the custom of some (I hope but few) doctors of having their praises sounded, and their wonderful cures trumpeted far and wide by some ancient nurse or venerable crone of the same stamp. 'Tis true, 'tis pity: and pity 'tis, 'tis true. O, reform it altogether.

I must beg leave to differ from the closing paragraph of Dr. HURD'S communication, in which he recommends the presentation of an account, receipted or not, as the physician deems proper. Such a course, methinks, takes away from the pleasure and self-gratification we feel in having rendered a kind service gratuitously to a worthy and deserving person, and makes him feel uncomfortable under the weight of an obligation which he has not the ability, though he may have the entire good will, to discharge.

Portia's definition of mercy is equally applicable to charity;—

"The quality of charity is not strained;
It droppeth as the gentle dew from heaven
Upon the place beneath; it is twice blessed;
It blesseth him that gives, and him that takes."

T. S. B.

Germantown, Philada., June 3, 1872.

The Wells Testimonial and the American Medical Association.

EDS. MED. AND SURG. REPORTER:—

I have just read, by mere accident, and with a good deal of surprise, a note in your journal of May 25th, by a disappointed mover of a resolution at the recent meeting of the American Medical Association, in which he publishes a fancied grievance at the general expense of the Committee of Arrangements; and I am induced to answer it only by the peculiarly indirect manner of the attack, and by the inaccurate impression which it is likely to convey through its author's own mistake.

He charges that "such" of the Committee "as 'cordially approved' this action forgot, for the moment, not only courtesy but justice." The "action" alluded to *was a* motion to lay upon the table a resolution "reaffirming the resolution of 1870 by this Association, recognizing Horace Wells as the discoverer of the practical application of anæsthesia to surgical purposes," and proposing further to "hereby acknowledge the good will and sense of justice evinced by Sir James R. Simpson and others, in England, towards an American discovery, which led to the originating in England of the 'Horace Wells Testimonial Fund;' and we cordially recommend a movement in this country having the same object in view." In regard to this matter I have no desire to discuss this exceedingly mixed up and probably defunct resolution, or to engage in the old dispute, which, if entertained at all, it would have been sure to open up at a most unreasonable time and in a body which could not possibly determine it; nor am I disposed to occupy your space in advocating an opinion as to the right or wrong involved in an affirmative vote on either of the three propositions involved in its adoption. Neither would I have thought it worth while, under ordinary circumstances, to protest, as a member of the Association, against all such complicated and questionable resolutions, whether personal, semi-personal, or general, when offered at the fourth meeting of the session. As Chairman of the Committee of Arrangements I was bound to consider it entirely out of order, not only as complicated and involving disputed points, but as personal in character and view, how ever plausible in object.

My reason for this note, however, is particularly to state that no member of the Committee of Arrangements perpetrated the absurdity of "cordially approving" the motion to lay upon the table, which has so annoyed the mover of the resolution thus deservedly extinguished. It is not likely that any member of that committee, interested and more or less responsible as it was for the good order and conduct of the proceedings, would have cordially approved of the discussion or adoption of the resolution as presented. My own views upon the general question are so decided, as well as upon the question of order, that I would have moved either the postponement of the resolution or its reference to the Committee on Ethics, where it might have received a much needed modification, and where it properly belonged, if Dr. BOWDITCH had not very naturally uttered his "protest" against it. After this I would have said nothing if the Secretary had not previously announced the resolution as presented by "Dr. HARTSHORNE," *no first name being mentioned;* nothing, at least until it had become evident that the resolution was to be considered or voted on. Being unwilling, however, to submit to the imputation of favoring such a resolution, in any shape, at such a time, and especially as chairman of the Committee of Arrangements, I im-

mediately followed Dr. BOWDITCH (before I was aware of his having made any motion beyond the "protest) with the words, "I am entirely in accord with the gentleman from Massachusetts;" and did so under a sense of disagreeable necessity that was anything but cordial. Of course, therefore, I decline to accord with the complainant and his sympathizers in the view expressed as to want of courtesy and justice; being much more inclined, were it worth while, to return the compliment, at least so far as the background engineers may be concerned, in the foisting of the resolution.

Nor can I regard Dr. BOWDITCH as liable to just complaint for what he was advised to do, and did, in putting it down. He was really "in duty bound," as an original witness—not partisan—to test the feeling of the meeting in the most prompt and decided manner. If the resolution needed any explanation, that should (and would more wisely) have been given as an introduction. It needed none, however, as it spoke only too much for itself.

Any "movement" in favor of a testimonial fund alone, properly introduced at an earlier period of the session, and unhampered with such an attempt to clinch and use the former "hasty legislation" of a much smaller meeting, and to employ the Simpson, etc., capital, might have met with different treatment. Reference, in good time, to the Committee on Ethics might have saved it; and thus have saved the Association, and "such of the committee," etc.! I, certainly, would not have opposed any such movement thus unburdened, even at the risk of appearing as its mover; nor do I believe that any one would have objected to it. Although the Association may readily, and of course appropriately, encourage the formation of such a fund, there is great doubt of its power to settle the question of the "honor of the practical discovery" or of the practical introduction of "anæsthesia," still more of the "discovery of the practical application of anæsthesia to surgical purposes." We may all argue as to who was the original observer in America of the anæsthetic influence of nitrous oxide gas inhalation, and the original suggester of its application to the suppression of pain for surgical purposes. Beyond this, in regard to the "discovery," invention or effective application of the idea as established in the subsequent and *original* practical employment of ether, chloroform, *nitrous oxide gas*, and other anæsthetics, there is, and must continue to be, a very decidedly different opinion among those who know quite as much about the subject as the projector and mover of the resolutions passed at the meeting for 1870 and presented at the meeting for 1872.

Nor are those persons who are convinced of the difference in favor of the establisher of a practice by the discovery of its effective application over the mere suggester and unsuccessful attempter of it, likely to change that opinion under a hasty expression by the Association, brought in under the form of a declaratory resolution at the close of a session. No one meeting of the Association, as we all know, or ought to know, can dictate, in these matters of belief, to any other meeting, or to any of its members as such; but we cannot forget that neither meetings nor members can escape the responsibility in which what may appear to be deliberate action, because formal, and hence passing for authoritative, no matter how quietly and briefly rendered, may involve them before the public and the profession generally, as well as with the average membership.

Is it likely, then, that any personal interest, whether "in memory" or not, on any side, can be advanced by an out-of-court attempt to scold about the recent failure to interest and involve the Association a second time, and to throw the responsibility for this upon those who merely did their duty, and were so sustained? Hobby-riding and axe-grinding must come, like all other offences. That they may not be the death of the Association let us ever hope and pray.

Respectfully,
EDWARD HARTSHORNE.

NEWS AND MISCELLANY.

Examination into Quarantine Regulations.

Under the provisions of a recent act of Congress providing for a thorough inspection of the Quarantines on the Atlantic and Gulf Coast, Assistant Surgeon HARVEY E. BROWN, United States Army, has been detailed by the War Department to visit each port liable to incursions of yellow fever, and to confer with the authorities thereof, and to ascertain all information possible, so as to make a detailed report to the Surgeon-General before the next meeting of Congress,

looking toward the establishment of a uniform system of quarantine throughout the United States, under the direction of the General Government.

—President GRANT has appointed Hon. WM. BARNES, of Albany, one of the three American delegates to the International Statistical Congress, which is to assemble at St. Petersburg in August. His associates are EDWARD YOUNG, the able chief of the National Bureau of Statistics, and Dr. E. M. SNOW, of Providence, a scholar and statistician of fine reputation, whose name is very familiar to our readers.

The University of Pennsylvania.

The University of Pennsylvania has issued a handsome pamphlet containing a special announcement of the organization and courses of study of the new Department of Science to be opened in September, 1872, in the new University Buildings in West Philadelphia. The pamphlet gives a handsome steel plate engraving of the new buildings.

Honors to Prof. S. D. Gross.

This eminent surgeon has received the high honor of the degree of D. C. L. from the venerable University of Oxford. We believe that no other Americans have received this degree except Bancroft and Motley. In selecting Prof. GROSS as another recipient the University has made a most fitting choice.

The Jefferson Medical College.

We are informed that a large endowment fund is being raised in a most spirited manner for the new College and Hospital Buildings for the Jefferson Medical College, and that a large legislative appropriation is expected.

Patents Issued.

List of patents, medical and surgical, issued from the United States Patent Office to inventors, furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.:—

Compound for Dental Purposes—Volney Smith, Schenectady, N. Y.

Dental Drill—John J. Ross, Memphis, Tennessee.

—Dr. William H. Pitcher, an eminent physician of Hudson, N. Y., died May 31, from the effects of poison introduced into his system while performing a post-mortem examination on a subject who had died from erysipelas a few days previous.

New Medical College.

A medical college has been organized at Wilmington, North Carolina, under the title of the College of Physicians and Surgeons. Dr. J. FRANCIS KING is President, Dr. WM. WALTER LANE, Dean. The announcement states:—

"This new medical enterprise originated from existing necessities for medical education in North Carolina. This want, regarded as an obstacle to professional improvement in our State, the Faculty are determined to supply to the best of their abilities. To this end they have established a college in Wilmington, so justly noted for its social attractions, enterprising spirit, commercial growth, prosperity and wealth, its ease and facility of access by water and land from all parts of the country, its resources for clinical instruction, as well as its rapid increase in size and population over any city in the State. They are in possession of an appropriate building, just erected in the heart of the city, especially adapted to the purposes of a medical college." There will be both a winter and summer course, each with clinical facilities.

The Fulton County, Ohio, Medical Society.

The fifth annual session of the Fulton County Medical Association was held in Wauseon, Ohio, May 31st, 1872.

The meeting was called to order by Dr. S. P. BISHOP, President. The minutes of the previous meeting were read and approved.

Members present: Drs. Jewell, Bennett, Bishop, Scott, Jones, Rorick and Robison.

Dr. Bishop, our delegate to the American Medical Association, presented his report to the Society, which was interesting and instructive.

After this the following officers were duly elected for the ensuing year:—

President, Dr. D. W. Hollister; Vice President, Dr. S. Robison; Secretary, Dr. Philo Jones; Treasurer, Dr. Bishop.

After receiving the report of quite a number of very interesting cases and discussing them at some length, the Society adjourned to meet on the last Friday in June, 1872.

S. ROBISON, M. D., *Sec'y.*

Sound Legislation about Quacks.

Eastern and Central Pennsylvania will in future be a good place for vagabond quacks to avoid. Some recent legislation will, if enforced, as we trust it will be, prove unhealthy for them.

The following is the law relative to the practice of medicine in this region, which we publish for the benefit of those who may be violating its provisions:—

SEC. 2. It shall be unlawful for any person to commence the practice of medicine or surgery in the counties of Dauphin, Chester, Carbon, Luzerne, Mercer, Erie, Blair, Bradford, Sullivan, Crawford, Beaver, Monroe, Washington, Venango, Lycoming, Huntingdon, Schuylkill, Lawrence, Somer-

set, Philadelphia, York, Union, and Adams, who has not graduated with the degree of doctor of medicine, and received a diploma from a chartered medical school or other institution authorized to grant medical diplomas: *Provided*, That the provisions of this section shall not apply to persons who have been ten years in continuous regular practice in said counties, though they may not have graduated as aforesaid, nor to persons who are reading medicine under the control and instruction of a physician or surgeon who has the qualification to practice prescribed by this section, when such persons shall have the assent of such preceptor to practice: *Provided, however*, That such student shall not locate any office or business station outside the usual office of his preceptor.

SEC. 3. Any person who shall attempt to practice medicine or surgery, by opening a transient office in the aforesaid counties, or who shall, by handbill or other form of written or printed advertisement, assign such transient office, or other place, to meet persons seeking medical or surgical advice or prescription, shall, before being allowed to practice as aforesaid, appear before the clerk of the courts of the county, and shall furnish satisfactory evidence to such clerk of the courts that the provisions of Section 1 of this act have been complied with, and shall, in addition, take out a license for one year, by payment of a license fee, for the use of the county, of two hundred dollars: *Provided*, That the provisions of this act shall not apply to dentists: *And provided further*, That physicians or surgeons commencing practice in any of the aforesaid counties, with the intention of remaining permanently therein, shall not be subject to the provisions of Section 1 of this act.

SEC. 4. If any person shall violate any of the provisions of this act, every such person shall be guilty of a misdemeanor, and on conviction thereof shall be fined in a sum not exceeding five hundred dollars, or less than two hundred dollars, or imprisoned not exceeding six months, at the discretion of the court.

An Excellent Laxative.

Practitioners often want a mild yet efficient laxative. The "Compound Liquorice Powder" is highly recommended for this purpose by Dr. DAVID PAGE, of Edinburgh, in a late number of the London *Practitioner*. He remarks:—For the treatment of simple constipation resulting from atony of the bowel, the compound liquorice powder is admirably adapted. Whether in simple uncomplicated torpor of the intestines, or in constipation accompanying temporary gastric disorder, the powder alone or auxiliary to appropriate remedies, is preferable to other preparations of its class. In the former our object is rather to call into play the peristaltic action of the intestine than to deplete by serous transudation from its walls, and, in the latter especially, no prudent practitioner would run the risk of aggravating the disordered stomach by the exhibition of purgatives possessed of irritant or drastic properties. The compound liquorice powder is composed of the following constituents, so prepared as to form when incorporated an almost impalpable powder: Senna leaves, ℥vj; liquorice root, ℥vj; fennel seeds, ℥iij; sulphur, ℥iij; refined sugar, ℥xviij.

The active ingredients are sulphur and senna. The action of the former, when administered alone, is frequently accompanied by tormina, and the continued use is apt to cause derangement of the mucous membrane of the upper intestine. The physiological action of sulphur appears to be upon the muscular coat, and less upon the mucous surface, while senna is a more active purgative, more apt to excite tormina, and acts more upon the mucous than the muscular coat. By the aromatic and stimulant properties of the fennel, and the demulcent action of the liquorice, itself a mild laxative, the effects of the more active constituents are judiciously modified.

The usual dose is a small teaspoonful at bed-time in water, with which it is easily mixable, forming an agreeable draught. Children, to whom Gregory's powder is a terror, readily take it with a belief that it is a sweetmeat.

Absent.

Prof. D. HAYES AGNEW, of the University of Pennsylvania, will be absent in Europe until September next. **

MARRIAGES.

BARRETT—NICHOLS.—At the residence of the bride's parents, at Clark's Green, Pennsylvania, June 4, 1872, by Rev. O. M. Martin, Horace F. Barrett, of Schultzville, Pennsylvania, and Miss Jennie E., daughter of Hiram Nichols, M. D.

BARTLETT—POST.—In New York, June 4, 1872, at Trinity Chapel, by Rev. Dr. Conrad, Franklin Bartlett and Bertha King, eldest daughter of the late Dr. Minturn Post.

HOPKINS—GARRETTSON.—At Wilkesbarre, Pennsylvania, April 21, by Rev. Albert Wyatt, E. B. Hopkins, M. D., and Mrs. Sarah W. Garrettson, all of Wilkesbarre.

MURSICK—WASHBURNE.—May 30, at the residence of the bride's parents, Pleasantville, New York, by Rev. J. C. Washburne, assisted by Rev. Mr. Haviland, George A. Mursick, M. D., and Julia Washburne.

NANCREDE—DUNNINGTON.—At Baltimore, Md., on the 3d inst., by the Rev. Dr. Brantley, assisted by the Rev. Dr. Fuller, Charles B. Nancrede, M. D., of Philadelphia, and Alice Howard, daughter of the late Frank Dunnington, of Baltimore.

DEATHS.

HALL.—In Philadelphia, May 23, Dr. Lewis A. Hall, in the 78th year of his age.

HEWETT.—May 31, Fannie E. Hewett, daughter of the late Dr. J. G. Hewett, in the 21st year of her age.

LATTA.—May 29th, near Parkesburg, Pa., Dr. W. S. Latta, son of the late Rev. James Latta.

LINTON.—At Newtown, Bucks county, Pa., May 23, Dr. Morris P. Linton.

THACHER.—At his residence, in Brockport, N. Y., May 18, 1872, Ralph Thacher, M. D., in the 76th year of his age.

WOODWORTH.—Suddenly, at Bethel, Vermont, supposed of heart disease, May 21st, Dr. James M. Woodworth, in the 63d year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

"ANEURISMA AORTÆ."

[The following is a brief sketch of this subject from a collection of lectures published at Erlangen, November, 1871, by the late Prof. OPPOLZER, Professor of Medicine at the University of Vienna, and translated by Dr. J. N. BLATNER, of Berlin, for Prof. VANDEVERE, of the Albany Medical College.]

Reported by T. D. CROTHERS, M. D.

ETIOLOGY.

An Aneurisma Aortæ is a partial enlargement of the aorta. Both the aorta ascendens and the arcus aortæ are implicated, the latter most frequently. This is evident, since the upper portion of the arcus aortæ bears the impetus of the stream rushing into it. It is found in mature life, and before the 30th year it is rare; found oftener in males than females, and complicated sometimes with valvular diseases, especially those of the aorta. Atheroma, also traumatic and severe bodily exertions, and rupture of the coats of the artery (more often of the middle coat), or paralyzed vaso-motor nerves, are all frequent causes. Among hard-working people it is often found. Morgagni shows its frequent occurrence among coach drivers. Morbid changes, producing softening of the arterial walls, and inflammation of the artery, acute or chronic, not resulting in atrophy, frequently seen in old people—these may be all active agents in bringing on the disease.

PATHOLOGICAL ANATOMY.

Any portion of the aorta may be the seat of the aneurism. This manifests various shapes, such as spindle shape, cylindrical, or sack-form. The size also varies from a sack like a seed, up to one, three or four inches in diameter. An aneurismal sack is never formed of the normal arterial coverings, but are mostly of a hypertrophied, atrophied, fatty, degenerated, or of a calcareous nature. Coagulation of blood generally takes place in the aneurismal sack, and thus the internal wall becomes lined with several layers of fibrin, all differing according to age. This deposit often is so great that the sack is frequently filled up. The influence of aneurism on the neighboring organs is very important, causing an inflammatory process resulting in cohesion of the aneurism to its surroundings. These cohesions frequently take the place of the aneurismal walls when they have been destroyed by pathological processes. Sometimes the pleura, connective tissue and the neighboring organs become the walls of the aneurism in this way. The pressure exerted by the aneurism may cause atrophy or ulceration of the adjacent organs, the ribs, sternum and spinal column; the ulceration of the latter from aneurismal pressure is generally connected with caries of the spine, which explains much of the pain that is referred to the vertebra. If this inflammatory process encroaches on the spinal cord partial paralysis follows; the heart is affected by aneurism; the left ventricle becomes hypertrophied and dilated because the flow of blood is retarded, and more work, with increased contractile power, is demanded of the left ventricle; hence its increased size. Frequently small aneurisms are those which are filled with coagula; the left ventricle is then very little or not at all hypertrophied or dilated.

Terminations.

In many cases the aneurism bursts, generally the smaller ones, because they do not find as much support from the neighboring tissues as do the larger ones. Less often an aneurism is fatal through secondary causes, as thrombosis, embolia, pressure on the nerves of the spinal cord, hydrops, marasmus, etc. Seldom does an aneurism terminate in a cure by the filling up of the aneurismal sack by coagula. In any other way the cure of an aneurism is impossible. If an aneurism originates from any other artery than the aorta, then a cure may be effected: (*a*) that coagula continue from the aneurismal sack into the vessel supplying the aneurism, and in this way bring about a thrombus and obliteration; or (*b*) that the aneurism lays open its vessel and thus through pressure causes obliteration; or (*c*) that a cure is effected by inflammation and gangrene.

Symptoms and Course.

Aneurisms of the aorta produce positive symptoms only when they have attained a certain size; when small they give no safe symptoms of their existence, because of their hidden position in the thoracic or abdominal cavities. The first sign by which a thoracic aneurism is known is a circumscribed dull sound on percussion, either on the anterior or posterior portion of the thorax. This is caused by the aneurism, since while growing it displaces the lung tissue that lies in direct contact with the walls of the thorax. A circumscribed dull sound, as above stated, can be found on the breast or back, or at both places. But it frequently shows itself on the right sternal border, about the height of the second and third rib, less often in the corpus sterni, the left sternal border, or on the back; the last mentioned only happens when the aneurismal sack originates from the posterior wall of the aorta, and has attained some size, coming from the descending aorta, in which case the dull sound is heard on the left side of the spinal column.

When such a spot is found it is often perceived by the eye, and the sense of feeling, on account of the left systolic concussions. If through the growth of the aneurismal sack the adhesions between it and the thoracic walls have become intimate, then the systolic murmurs are stronger than before, and the spot shows a tumor or bulging of the bones, and not seldom pain on pressure, caused by the commencing ulceration of that portion of the bone or cartilage to which the aneurism is attached. The tumor thus caused is small, or it may reach after a time greater size, measuring five or six inches in circumference. The seat of such a tumor is either the anterior portion of the thorax, or the posterior portion, or on the left of the spine in the scapular region. In this case last mentioned, it often lifts the scapula up, and thus may be diagnosticated. If the aneurism attains a larger size, a tumor is often formed anteriorly or posteriorly. The shape of such aneurismal tumors is that of half a globe, its surface smooth; sometimes depressions exist. The latter happens when bundles of the muscle, the pectoralis major, have their seat over the tumor. According to the size of the tumor the skin covering it is more or less tense, either reddened, or covered with enlarged veins, or both.

If the aneurism bursts outwardly, the tumor becomes continually painful, sensitive to the touch, the skin more tense, and after a time the color becomes livid, and finally gangrene sets in. The scab becomes detached, and the blood flows either in a continual stream, or if the aneurismal sack is lined with layers of fibrin, it oozes out. After a time these coats of fibrin break away, and the blood flows or gushes forth.

An important symptom observed is the retardation of the pulse in the radial artery, or if the aneurism originates from the aorta descendens in the artery cruralis. Normally the pulse in peripheral arteries is isochronous with the pulsation of the heart. If an aneurism of the heart is present, the flow of blood is retarded at the enlarged point, and, therefore, reaches the radial or crural artery later. The interval between the pulsations of these arteries will be greater the larger the aneurismal sack, and the less deposits of fibrin it contains. If the aneurism is small or lined with fibrin, no great or perceptible interval can be noticed. The kind of aneurism has also an influence on the retardation of the pulse. Thus an unnatural pulse will never be noticed when the aneurism is a so-called extra arterial, *i. e.* such a one as has a side position, with its neck only in communication with the artery by means of a small opening. In such cases the stream of blood flows by it, and it can, therefore, occasion no retardation. In aneurisms of the aorta we observe, besides a "pulsus differens quoad tempus," also a "pulsus differens quoad

volumen," when one or the other artery pulsates very weakly or not at all. This happens when the orifice of the artery is drawn fissure-like through the aneurism, or when it is pressed upon, or if fibrinous coagula or the atheromatous process continues from the aneurismal sack to the one or other artery.

Auscultation.

In auscultation of an aortic aneurism two or more murmurs are heard, one the systolic, the other diastolic. If at the time of the systolic murmur the vibrations of the walls of the aneurism follow regularly, a time is noticed in the first moment when these vibrations are irregular, or when the position of the aneurism is such as to occasion pressure upon the aorta, a murmur is present. In the latter case, instead of the first tone or murmur, because of the pressure which the aneurism exerts upon the aorta, it is impure and indistinct. The systolic murmur arising in one way or the other, often heard in auscultating an aneurism, is often of a blowing nature, and called a "bellows murmur." Some authors confine the bellows murmur to aneurisms alone. This is wrong, for these murmurs are heard when no aneurism is present. Frequently a systolic murmur occasioned by an aneurism is not of a blowing nature. The second sound or tone of an aneurism of the aorta does not belong at all to the aneurism, but is simply a sound caused by the closing of the aortic valves. If the aortic valves close, we have a second tone; but if insufficiency of the aortic valves is present, no second tone is heard, but a low murmur. Aneurisms which belong to the abdominal aorta only produce a systolic sound, and nothing in the second moment, because the second sound caused by the closure of the aortic valves is not conveyed to the abdominal portion.

Symptoms of Pressure

On the part of the aneurism, according to the seat and size of the aneurism, and the neighboring organs and tissues, are of the greatest importance. In such cases we must decide which organs are pressed upon. If it is the heart suffering from pressure, the symptoms will be prominent. Compression of the right auricle causes the venous system to be over-filled with blood, cyanosis, etc. Compression of the left auricle causes stagnation of the blood in the lungs, which after a time continues to the right ventricle, and finally to the venous system, causing the usual results from accumulation of blood. Pressure on the right ventricle, after a time, will produce a formidable repletion with blood, and increased blood-pressure in the veins; but this seldom happens, because the left ventricle is seldom the seat of great pressure, and is less easily compressed. The same would eventually cause a decreased amount of blood in the arteries, and, as a consequence, an accumulation in the venous system. The blood-vessels contained in the thoracic cavity are exposed to a more important pressure than the heart, especially the veins, which in this respect suffer above all other blood-vessels. If a pressure is exerted upon the vena cava superior the jugulars become swollen, as also the brachial, ulnar, and radial veins, and upon both sides, followed by cyanosis, œdema of the face and upper extremities, vertigo, cephalalgia, etc. These symptoms are observed only on one side, when the vena cava superior is not pressed upon; but one vein is commonly the seat of the pressure, as has been observed in aneurisms of the Arcus Aortæ.

By pressure upon the vena cava inferior symptoms of so-called abdominal plethora are observed, cyanosis, œdema of the lower extremities, genitalia, etc. If the pulmonary artery is the seat of considerable pressure on the part of the aneurism, it produces a greater or less anemic condition of the pulmonary circulation, and over-filling of the right ventricle and the venous system. If the pressure of the aneurism is brought to bear on the aorta, the left ventricle becomes dilated, hypertrophied, and the amount of blood in the arterial system lessened, and all the symptoms of stenosis aortæ. A compression of the pulmonic veins seldom takes place, since these blood-vessels, on account of their position, are seldom reached by an aneurism, and even when they are, can only experience a very slight pressure, because the lung is a soft and elastic organ, and against this organ the veins would be pressed. A blood-vessel can only be compressed when it is pressed against some solid organ or substance beneath it. A pressure upon the pulmonic veins can only take place if the aneurism is of considerable size; then, by pressure on the lungs they become in a measure a solid body. The consequences of pressure on the pulmonary veins would be repletion of the lungs, the right ventricle, and the venous system, while the arterial

system would show the contrary. The nerves situated in the thoracic cavity often suffer from pressure by the aneurism, especially the nerves of the œsophagus and the so-called thoracic portion of the vagus; the nervus recurrens, and the nervus phrenicus are to be mentioned, by pressure on which dysphagia, alterations of the voice, attacks of dyspnœa, and singultus, or even paralysis of the diaphragm, may be brought about. The attacks of dyspnœa in this category are explained by the pressure upon the nervus recurrens which according to the amount, causes either spasm or paralysis of the vocal cords.

In the former case inspiration as well as expiration would be retarded; in the latter case inspiration only would be retarded. Finally, if the intercostal nerves, or the plexus brachialis, is pressed upon the most violent neuralgias follow. The lungs, among all the other organs which are exposed to pressure by the aneurism, are the most often affected. This also explains why nearly every thoracic aneurism, if it has only reached a considerable size, announces itself through a dull resonance upon percussion. But often the pressure on the lung is so great that it becomes perfectly airless. If the bronchi have their course in such an airless portion of lung, and the compression is not to perfect exhaustion of air, and the communication remains open with the larynx, then on auscultation, bronchial breathing, bronchophonia, are so-called consonant symptoms. The compression of the lung may go on to such a degree that an entire lobe may become pneumonic, and dyspnœa follow. Dyspnœa is a prominent symptom of aneurism of the aorta, on account of pressure on the trachea affecting inspiration as well as expiration, analogous to a spasm of the glottis. If a larger bronchus is compressed, there is heard at the point of compression a rale or whizzing sound, and a weaker breathing sound over that portion of the lung which belongs to the bronchus affected. Percussion shows no change.

If the trachea is pressed upon, the sound is weakened and the murmur changed. In the author's experience the dyspnœa from aneurism comes from pressure on the trachea or larger bronchi, and sometimes spasm of the glottis; paralysis of the laryngeal muscles follow. The dyspnœa coming from different causes takes place periodically, which is explainable by the amount of blood at different times in the aneurismal sack, or to the positions of the patient, which will increase or diminish the pressure of the blood in the aneurism. This explains attacks of dyspnœa after violent exertions; such exertions cause more powerful contractions of the heart, forcing a greater quantity of blood in the sack and greater pressure on the parts. If the aneurism presses on the left bronchus, a position on the left side will increase the compression and dyspnœa, but by a change of position these symptoms will decrease or vanish.

It is important to determine in a given case how far the dyspnœa is the result of position, or pressure on the trachea, or large bronchi, or spasm of the glottis (caused by pressure on particular nerves). The attempt to make the circumstances of the dyspnœa diagnostic, and to judge the case by the body, its position, its rest and motion, has not been confirmed by experience. In like manner it is impossible to say from the duration of the attack, from the inspiration, the hoarseness, or aphonia, or frequency, what the immediate cause is. When the inspiration is laborious and expiration easy and unhindered, it frequently follows that paralysis of the vocal cords is the cause. Such cases are uncommon and seldom seen. If any doubts exist that the cause depends upon the larynx, trachea, or bronchi, an examination by the laryngoscope will solve them.

If it is shown by this that the glottis sufficiently opens itself during inspiration, and that the arytenoid cartilage is normally movable, we know that the cause of the dyspnœa is not the larynx, but is owing to compression of a large bronchus, naturally excepting the results of a stenosis cardii or asthmatic attacks in consequence of emphysema of the lungs. To distinguish the last-mentioned case we should observe the following: If auscultation shows no difference of the inspiratory murmur between the right and left halves of the thorax, but is equally diminished in both, it speaks for compression of the trachea. If, on the other hand, during an attack of dyspnœa a diminution of the respiratory murmur is heard only in one half of the thorax, a greater resonance or tympanitic sound is discovered on percussion, we then know that we have compression of the bronchi, not of the trachea, and we would conclude as to the compression of the principal bron-

chus when the whole of the specified portion of the thorax is weak, and on the other hand, a large bronchus when only in a portion of the thorax the respiratory murmur is weakened. Special attention should be given to auscultating the thorax.

In this way we may frequently determine the cause of the dyspnœa in cases of thoracic aneurism where no examination by the laryngoscope could be had because of the sensitiveness. If an aneurism of the aorta presses upon the œsophagus, difficulties in deglutition will manifest themselves. Examination by means of the œsophageal probe will enable us to distinguish such from those arising from other causes. Other symptoms follow from an aneurism, but they are similar to that of valvular diseases. That of dropsy demands a few words. The causes vary materially in aneurisms. It may originate from the sufferings of the patient, difficulties of digestion arising in one way or the other, causing a watery mixture of the blood, or a compression of a portion of the heart or of the vena cava superior or inferior, causing a repletion of the venous system, or only the veins of the upper or lower half of the body, and as a result, dropsy.

Again, it not unfrequently happens that aneurisms of the aorta are combined with valvular difficulties, and the ensuing dropsy is explained. The changes of position which the heart undergoes from an aneurism is important. In large aneurisms of the ascending aorta, or the arcus aortæ, the heart is often found misplaced towards the left side, dislocating the apex to the left axillary line. In aneurisms of the descending aorta, on the contrary, when the same has attained a considerable size, the heart is dislocated towards the right, so that the pulsation is seen more or less towards the sternum. If the aneurism has its origin back of the heart this organ is crowded on to the sternum, and its pulsation seems increased in energy and unequally diffused, and a double pulsation is noticed when the apex of the heart pulsates. It is evident when, in consequence of an aneurism, the left ventricle is dilated and hypertrophied, that the heart also takes a different position, sometimes almost a horizontal one. The course of aneurisms is a chronic one, lasting a number of years, until death ensues under the form of marasmus and hydrops, or in consequence of œdema of the lungs or bursting of the sack.

(To be Continued.)

Communications.

SENECA AS A BRONCHIAL ALTERATIVE.

By Thomas Barrow, M. D.,
Of Baltimore, Md.

One of the most serious of the medical evils of the present age is the enormous quantities of quack cough medicines which are habitually consumed.

I believe that a large majority of those who are afflicted with bronchitis, instead of sending for a physician, resort at first to the use of some one or other of such nostrums, or else of simple domestic preparations. These quack remedies are generally saccharine solutions, colored or otherwise modified, to render them acceptable to the public. Most of them appear to have no other medicinal virtue except the demulcent properties of the sugar which they contain.

The late Mr. James I. Wilkinson told me that he had used forty-two bottles of Dr. Schenck's cough medicine without experiencing any benefit whatever from it. Many others have made to me similar acknowledgments.

The long-continued use of such saccharine preparations must have some degree of tendency to induce that intractable disease, diabetes. Dyspepsia, also, has doubtless in numerous instances been occasioned by means of such agencies, together with the hydra-headed diversities of disorders which are usually associated with it, because sweet things enfeeble the stomach, whilst bitter things invigorate and strengthen it.

Another disadvantage is, that in persons who are predisposed to excessive obesity, the long-continued use of sugar usually increases this pernicious tendency.

I think that by far the most important improvement in modern materia medica has been the rejection from the pharmacopœias of many comparatively inert remedies, and the substitution of efficient remedial agents. I was first led to appreciate the immense value of Radix Seneca as a bronchial alterative about nineteen years since, by reading Dr. George B. Wood's Theory and Practice of Medicine, edition 3d, volume 1st, pages 795 and 801. From about that time till December, 1860, I visited monthly more than nine hundred families. This afforded me abundant opportunity of verifying Dr. Geo. B. Wood's instructive observations. At that time Syr. Seneca was unknown in Bal-

timore. One proof of this is, that Mr. James P. Frames, Pharmaceutist, informed me on April 4th, 1872, that about that time he received a prescription containing Syr. Seneca, but having never prepared it he sent for some of it to all the principal apothecary stores in Baltimore, but in vain, and was obliged to prepare some of it according to the directions in the pharmacopœia of 1840.

Within one year from the time that I commenced prescribing it, its wholesale price was doubled. A brief statement of all the cases of cure which have resulted from the use of Seneca, etc., which I have prescribed, would fill a considerable volume. I have recorded an extremely small fraction of such cases. Two or three examples are not sufficient to prove the alterative properties of any recent remedial agent. I will, therefore, endeavor, as briefly as practicable, to describe fourteen cases.

Mrs. Elizabeth S. Martin, having received but little benefit from prescriptions which a physician had given her for violent bronchitis, aggravated by pulmonary hemorrhages and anemia, was very much benefited by means of the following prescription:—

℞.	Syr. Seneca,	f℥iiss.
	Mist. glycer. comp.,	f℥iv.
	Spt. ammon. arom.,	f℥i.
	Ferri et ammon. sulph.,	℥ii.
	Ant. et potass., Tart.	gr. i.
	Morph. sulph.,	gr. iii.

M. Dose, half teaspoonful every two hours.

Mrs. Eliza Keighler, after suffering much from bronchitis, employed a physician during ten days without any relief, but was subsequently completely cured in five days, by a combination similar to that above mentioned.

Mrs. Wilkinson, having frequently suffered from attacks of bronchitis, and also having been visited by a physician during ten days without the least mitigation, was in five days entirely and permanently cured by means of

℞.	Radix Seneca,		
	Radix glycyr,		℥ss
	Gum acacia,	aa,	℥i.

Boil fifteen minutes in one pint of water, then strain, and add

Ant. et potass. tart.,	gr. i.
Morph. sulph.,	gr. iii.

Dose, one small tablespoonful every two hours.

Mrs. Greene, having suffered from bronchitis during two years, and Mrs. Mary C. Ray, about one year, during which she was attended by four or five physicians, whose prescriptions merely palliated her cough a little, were both entirely and permanently cured in one week by means of the last-mentioned prescription. Mrs. Ray told me recently, that during the twelve years which have elapsed since she used it she has had no cough at all. Mrs. Greene affirmed the same of a somewhat shorter period.

Rev. William Fry, having suffered two years from bronchitis and hæmoptisis, and having obtained scarcely any benefit from medicines which were administered to him by four consecutive physicians, despaired of cure; nevertheless, entirely and permanently cured in one week by means of a prescription similar to that previously mentioned in Mrs. Martin's case.

A friend of Rev. William Fry, a Rev. William Wilson, having suffered in the same way so severely that, having obtained but small relief from the treatment of three eminent physicians, he thought he should soon die, and made corresponding arrangements; yet he was entirely and permanently cured in one week by means of the same combination which Mr. Fry had used.

Mrs. Phillips, who during about four months used without benefit three dollars' worth of Thompson's Tincture, besides other quack nostrums, was entirely and permanently cured in one week by means of

℞.	Syr. seneca,	f℥iij.
	Mist. glycyr. comp.,	f℥i
	Ant. et potass. tart.,	gr.i.
	Morph. sulph.,	gr.iij. M.

Dose—half a small teaspoonful every two hours.

Mr. Rylee and Mr. Scott, after suffering from bronchitis during four years, and Mrs. Elliott during six years, were all entirely and permanently cured in one week, by means of the same prescription which Mrs. Wilkinson, before mentioned, had used.

Mrs. Coleman's sister, having suffered from violent bronchitis during seven years, said that the same prescription had relieved her more effectually than all the numerous medicines which she had previously employed.

Mrs. Grindley's mother, who had suffered similarly during twenty-one years, made the same assertions respecting the same combination.

Mrs. Jane Carback, after suffering two weeks from bronchitis, accompanied with pain throughout the thorax, went to bed and sent for a physician. He percussed her chest, and asserted to the family that she was in the last stage of consumption, and that nothing could be done for her except to palliate the symptoms. In consequence of his being absent five days, he engaged another physician to attend her till he returned. He also percussed and pronounced to the family precisely the same diagnosis. Then eight weeks elapsed, during which the incessancy of the cough very much interrupted her sleep, till, at last, when I visited her, she told me that she had not enjoyed any sleep at all during ten days and nights, and was daily becoming weaker. I gave her the same prescription which Mrs. Wilkinson, before mentioned, had used. Inasmuch as nothing which these two physicians had given her had ameliorated her cough in the slightest degree, she felt sure she would die, and that it was of no use to take any more medicine. The family, however induced her to take the medical combination which I had prescribed. It was about 10.30 A. M. when I called. She took it as directed till 8 P. M., when she fell asleep, and enjoyed uninterrupted sleep till 10 A. M. next day, when she awoke greatly improved. Within one week from the date of my first visit her cough and pains were entirely cured. She told me afterwards that the first dose of my prescription did her more good than all the medicines which she had previously used. During the intervening time, which is about fifteen years, she has not suffered from bronchitis in a single instance. I hope the preceding facts may lead to the much more extensive cultivation and use of that powerful bronchial alterative, Radix Seneca.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA—SURGICAL SERVICES OF PROF. D. HAYES AGNEW, M.D.

[REPORTED BY DE F. WILLARD, M. D.]

Double Talipes—Equino-Varus.

I have this morning to present two cases of deformity which are but instances of what you will constantly meet in your practice, and should, therefore, be fully prepared to treat. Orthopædic surgery, in its varied forms, is now claiming its just place in the profession, and it is to be hoped that the next generation will see fewer of the poor unfortunate cripples which now meet our eyes at every hour of the day. In the majority of cases, the deformities are either congenital or else acquired early in life, a fact which is extremely fortunate for our treatment, since young bones alone are sufficiently flexible to permit of proper correction in form. I desire that each one of you should take with you to your homes in the country, the knowledge of the means of alleviating many of these departures from the normal standard, since you have now, through the excellent arrangements of our instrument-makers, the opportunity of ordering well-fitting apparatus, even from the most distant State in the Union.

The treatment of these deformities is necessarily largely mechanical, but the means must be scientifically applied, else only injury may result. It must be remembered, also, that in the majority of cases, they are insufficient alone to effect a cure, operative procedures being usually required as a primary step.

The case before us—one of double congenital club foot—is the most common malformation encountered, and its especial variety, equino-varus, is also the form found in nearly 90 per cent. of club foot cases.

The cause of the intra-uterine commencement of this deformity is still uncertain; in fact the causes may be various. Early irritations or inflammations of the brain or cord might produce it, as might also primary malformation of the tarsal bones, or a continued bent or faulty position of the foot and leg, or imperfect nutrition. When a developing leg is placed in a bent position, the points of origin and insertion of certain muscles must necessarily be brought nearer to each other, which circumstance, combined with want of action, would certainly tend to produce permanent deficiency in development. At birth, therefore, the muscle is found so shortened that (in a case of equinus) the heel cannot be brought down to its proper position, even although the antagonistic muscles possess their ordinary power. In "acquired" club foot a different state of affairs exist. Hence, the difficulty is usually a sequence of "infantile paralysis," and the deformity is the result of the loss of power in certain muscles, they being thereby rendered incompetent to oppose the preponderating action of the non-paralyzed structures.

In those cases which are not congenital the deformity is usually progressive (unless the injured muscles regain their tone), from the constant operation of the cause; and if the child is neglected, from the weight of the body in walking the foot becomes shortened and incurvated, the plantar fascia contracts, the bones of the tarsus are distorted, the foot is arched, the ligaments stretch upon the side of extension, and contract upon that of flexion; the malleoli are altered in their positions, and the whole foot becomes as badly clubbed as in the worst congenital cases. In talipes equinus

the gastrocnemius and soleus are the muscles which are shortened; in varus the tibialis anticus and posticus also play an important part. These, then, are the muscles whose power is to be overcome, and this is to be done with knife and appropriate apparatus.

In regard to the time for operation for little children I would say that I do not think that it can be done too early in life, provided the case is a favorable one for operation at all. Where the foot is round, short, and plump, it is perhaps better to wait, since difficulty may be encountered in securing good adjustment of a shoe, but in large, lean feet there need be no delay (at least beyond the first month), provided circumstances are favorable.

Subcutaneous tenotomy gives a very safe as well as effectual means of dealing with these contractions, and is practiced for the relief of equino-varus; the tendo-Achillis very frequently alone requires division. In some cases, however, it may become necessary to cut the tendon of the tibialis anticus, and posticus, as well as the plantar fascia. In tenotomy of the tendo-Achillis I always make the incision of the skin with a delicate pointed knife, and then enter a probe-pointed tenotome, carry it flatwise across above the tendon just beneath the skin, when, turning its edge inward, and depressing the heel, the fibres can be felt giving way before it with a distinct crack. The probe-pointed instrument is the safer one, since the skin of the opposite side is less liable to be punctured, and the posterior tibial artery more likely to escape. If this artery is injured it should be entirely cut across, and firmer compression immediately applied. If simply punctured, a subsequent aneurism may form, necessitating an operation for its cure.

It sometimes happens, as in the case before us, that there seems to be a congenital deficiency in the tendon itself, it being so small and flat that it cannot be made to ride out distinctly, even when the heel is strongly depressed. In these cases the artery may take an abnormal route, and I am accustomed to carefully insinuate the probe-pointed tenotome beneath the artery, and then cut *away from* the vessel.

The tendon being severed, the foot should be forced into its proper position, the contracted parts thoroughly stretched, the bones brought into place, and the plantar fascia and other tendons divided if necessary. The replacement of the foot can be done more quickly and successfully by the hand at the time of the operation than at any future period, either by instrumental or manual pressure. The opening made by the tenotome should be quickly covered by adhesive plaster, in order to secure the manifest advantages of subcutaneous surgery. When children have been permitted to advance to the ages of eight, ten, or fifteen years before operation, great difficulty will be experienced in restoration of the foot, not only from the strong contracted fascias and tendons, but from the misshapen bones, which frequently present such angles and projections as effectually to prevent good joint movement. With infants, however, the bones are more easily adjusted, and good results are the rule.

The parts being now forced into position, it is essential that they be retained there permanently, and this can be best done by a properly constructed shoe, such as is made by all good instrument makers. It should be provided with two movement plates, worked by screws, so that the heel may be gradually depressed, and the toes abducted at pleasure. (The ordinary form is figured in No. 794, MEDICAL AND SURGICAL REPORTER, page 429. DE W.)

Before its application the foot should be protected at the points where the greatest pressure must be exercised, by lint spread with ung. zinc oxid., after which a roller should be applied to the whole limb and the points at which the bones impinge upon the splint also padded with cotton. The splint should be removed each day, and while the foot is held in position by the hand, rubbed vigorously with alum and whisky, or other stimulating liniment. A good plan is to subject the parts to a similar tanning process for several weeks previous to the operation. The shoe being re-applied, a little advancement toward the proper position may be made each day by turning the screws, but the pressure must not be made too strong, nor any of the above precautions neglected, since sloughing is very apt to occur, and frustrates the whole attempt at cure.

When the heel is completely depressed, a large gap is necessarily produced between the two ends of the tendons; but this is soon filled with new material, and in two weeks time seems as strong as before. The space which is occasioned by the separation of the fragments seems to be immediately filled by the surrounding connective tissue, which is forced in by atmospheric pressure. Thus infiltration of serum and plastic matter (leucocytes) occurs, which gradually becomes firmer, while at the same time neoplastic tissue is developed from the stumps of the tendon, until at last a true regenerated cord is produced. This new tendon slowly contracts in every direction for many months, so that care must be exercised not to permit it to proceed too far, and interfere with the good result. (Tenotomy of tendo-Achillis, performed upon both feet, and instruments at once applied, after thoroughly stretching the parts. DE W.)

Bow-Legs.

The next case is a boy who has an external curvature of his tibiæ, together with bending of the knees in the same direction. It is the deformity known as "bow-legs," or genu-extrorsum or varum, and is usually caused by premature attempts at walking, especially in children, with rachitic or otherwise softened bones. The child must be immediately supplied with splints, since the bones are yet soft, and can now be re-

turned to their proper position without much difficulty, while if allowed to proceed further they will occasion more trouble. The apparatus should be constructed with rigid internal splints, with padded adjustable bands, which shall exert constant but gentle pressure upon these bones, and gradually coax them into their proper positions. In a bad case which would not yield, it might be better to force them into position even at the risk of a fracture, rather than allow the person to be lamed for life. (Child sent to instrument makers. DEF. W.)

Ulcers of the Rectum.

The next case is a man who has suffered for some years with piles, and who also states that he was operated upon last March for fistula in ano. In a month after the operation further rectal trouble appeared, and he now comes to us complaining of intense burning pain within the bowels, increased at each act of defecation, but only lasting severely for a half hour; of a constant discharge of pus from the anus, and of extreme itching of the external parts, rendering his life miserable.

This pruritus about the anus is often a most annoying and troublesome affection, resisting every form of treatment unless the cause is removed. This cause is usually situated within the bowel, and a thorough examination should never be neglected, since a single application of caustic or sulphate of copper to the internal ulcer or other lesion may render immediate relief.

I pass my finger through a sphincter which is perfectly relaxed, and at once find the mucous surface ragged and ulcerated at various points. The edges of the sores are not indurated, however, and I do not think that the disease is malignant.

If this man were in the wards of a hospital, it would be well to touch these ulcers twice a week with the solid nitrate of silver or sulphate of copper, but as he is an out patient, we will direct that he use an injection twice daily of ʒss. tinct. krameriæ with ʒi. of mucilage of slippery elm or flaxseed, a remedy which often exercises an exceedingly happy effect upon such cases. Externally he will apply a little ung. zinc oxide, in which is incorporated a small quantity of gum camphor. Frequent ablutions must be practiced with carbolic acid soap.

Diseased Testicle.

The next case is a man 40 years of age, who was before you some four months since, and was then tapped for hydrocele, a considerable quantity of turbid fluid being drawn off. At that time you will remember that we found the testicle enlarged and sensitive to such a degree that I expressed myself as doubtful in regard to the favorable prognosis of the case.

Five months have now elapsed, and he returns with the statement that the organ has been steadily but slowly increasing in size, and that it is now accompanied by a considerable amount of soreness and pain. He has but a slight accumulation of serum in the tunica vaginalis, the enlargement of the scrotum being due almost entirely to the increase in the bulk of the testicle itself. I also find that there is slight tenderness along the course of the spermatic cord, with slight induration of one inguinal gland. This history and these symptoms, together with the rapidly decreasing weight of the man, lead me to consider this as a case of serious disease of the testis itself, either tuberculous, cystic or cancerous. We will, however, give him a short trial with medicine, when, if he still continues to grow worse, we will remove the organ by operation.

The man was ordered to take ʒss. ol. morrh., with gtt.xv syr. ferri iodide after each meal; also, arsen. iodide gr. 1-18 t. d. Locally, to apply

℞. Ext. bellad.,
Ung. hydrarg.,
" iodine,
" adipis, aa ʒii. M.

If the ointment irritates the skin, it may be further diluted. DEF. W.

MEDICAL SOCIETIES.

Minutes of the Twenty-third Annual Session of the Medical Society of the State of Pennsylvania.

The Society met at the Court House, Franklin, Pa., on Wednesday, June 12, 1872, at 11 A. M. The President, Dr. J. S. CRAWFORD, of Lycoming County, presided, assisted by Vice Presidents Drs. B. Gillett, of Venango, and H. De la Cossett, of Mercer. In the absence of the Permanent Secretary, the Recording Secretary, Dr. F. F. Davis, of Venango, performed his duties.

The meeting was opened with prayer by the Rev. S. J. M. Eaton, of the city of Franklin. Dr. Robert Crawford, of Venango county, welcomed the Society as follows:—

"Mr. President and fellow-members of the Medical Society of the State of Pennsylvania—To me, gentlemen, the Venango County Medical Society has assigned the pleasing duty of extending to you the hand of friendship, and of bidding you welcome on this occasion. With many of you I have had the pleasure of associating in former times, and in different localities throughout the State, to deliberate upon the duties that now call us together. But never, gentlemen, never have I had the extreme pleasure of meeting in my own county so many whose zealous hearts beat in unison for the same common cause. Ours, gentlemen, is the cause of humanity. Our work is a work which we hope will not only prove interesting and useful to ourselves, but of paramount utility to those who are to be the recipients of our efforts.

"The objects of this Society, as your constitution declares, are the advancement of

medical knowledge, the elevation of professional character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community. That this Society has accomplished much good from its labors, no one who has witnessed its workings and their results will for a moment doubt.

"In connection with the county societies from which the State Society is formed, it constitutes a medical school in which every physician can learn; and he must learn or get behind his professional cotemporaries. These societies infuse new spirit and animation into their members, and thereby give new life to the student of his profession. The physician of five years ago is not a physician to-day. The science of medicine is eminently a progressive one. He who keeps up with its advances must study.

"Those who are active and efficient members of their County and State Societies have given evidence that they are keeping up with this age of improvement; in short, that they are students; that they are physicians now, and by industry and perseverance in their profession will continue to be such.

"It is individual improvement in professional knowledge, with high intellectual attainments and moral worth, that will elevate the standing of our profession, and thereby obviate the necessity of making stringent ethical rules, which are seldom observed except by men of high culture and strict integrity.

"The greatness of the number of the members of this Society, which comprises the educated physicians throughout the State, associated together for such commendable objects, should receive a hearty God-speed from every individual whose sense and sympathies reach the pitiable condition of the sick and the afflicted.

"The wonderful discoveries and improvements made in the medical profession within the last quarter of a century encourage us to seek for further developments. They far exceed the discoveries and improvements made in any other branch of science or the arts, of which I cannot speak in a short address of welcome and encouragement.

"When a comparatively small number of men, prepared with the necessary outfit, consisting of a ship well built and truly seaworthy, all the mathematical and other instruments necessary for scientific investigation, with all the implements for offence and defence, and all other necessaries which good judgment could point out or wealth procure; when a band of heroes thus prepared launch forth on a voyage of a few months or years, to explore the dark and unknown regions of a far-off country, or to add but an island of the hitherto unknown to their present possessions, all the world are alive to the history and success of the enterprise. Not a heart of the millions of intelligent and educated individuals throughout the civilized world but gives a hearty response to the ambition animating these bold and public-spirited adventurers. And yet to every individual of our race who has the ability to judge and knowledge to appreciate, the discovery of islands, or even continents, are of little value to him, compared with the personal interests which he has at stake and depending upon the successful investigations and discoveries of that noble band of volunteers who constitute the medical profession, whose voyage of observation and exploration lasts from youth to old age, and whose life-long struggle has been against the enemies of human life and human happiness.

"The discovery of Edward Jenner is worth more to the civilized world to-day than the discovery of another continent as large and as valuable as North America. This is but one of a vast number of which I might speak, and which are equally valuable.

"Do not falter, then, gentlemen; there is much before you. Although we put a high estimate upon what we do know, we should also not fail to put a proper estimate upon what we do not know, and which promises greater rewards than have been gained in the past. These rewards are carefully kept in store for those who will toil to earn them. The hope of success, the glory of discovery, should stimulate exertion, and prompt to every method of research.

"Gentlemen, you have come here to-day at the sacrifice of time, and to discharge the duties which you owe the medical profession and the public generally, and to assist us to do our part in this great work, for which you will please accept the kind regards of the Venango County Medical Society.

You are now in the oil-producing part of this country, and of the State. We will give you an excursion to the most fanciful part of it. Our excursion shall be directed to that which is the most accessible, where you will be able to observe the oil production in all its details. This great staple of western Pennsylvania has already made its way to the shores of every sea, and to the cities of every clime, and is bringing in return therefor immense wealth, which is poured into the lap of our common country. It bids fair to exceed in value all the gold of California and Peru. Although it is not new to us, or to the people of the last century, there are many new and highly interesting thoughts in regard to its formation and reproduction. Is it a hydro-carbon, gentlemen, and will nature's great chemical laboratory reproduce it in the places that are now being excavated? These are interesting points in the history of petroleum, and await the careful consideration of those who make nature's laws an object of careful study. I know of no class of men more competent to form correct opinions on this subject than the members of the medical profession.

"We hope that during the brief period

which you will stay here you will enjoy yourselves in the professional engagements of the session, and in your associations with us; but we also hope that you will have much satisfaction in your intercourse and associations with the people of this city, whose intelligence and hospitality is well known and favorably acknowledged. Allow me again, Mr. President, to extend to you, and to the members of the Medical Society of the State of Pennsylvania, and to all other members of the profession from other States who may be present, the kind regards and fraternal greeting of the Venango County Medical Society."

The Committee of Arrangements, through their Chairman, Dr. R. Crawford, then announced the following programme:—

Wednesday, June 12th.—The Society will meet at 11 A. M., and adjourn at 1 P. M. Meet again at 3 P. M., and adjourn at 5 P. M. Meet again at 7.30 P. M., to hear the Annual Address by J. S. Crawford, M. D., President of the Society.

Thursday, June 13th.—The Society will meet at 9 A. M., and adjourn at 12 M. Meet again at 2 P. M., and adjourn at 5 P. M. Annual Dinner at the Exchange Hotel, at 8 o'clock P. M.

Friday, June 14th.—The Society will meet at 8 A. M., and adjourn at 9.30 A. M. Excursion to the Reno Oil Field, given by Messrs. F. W. Mitchell and A. A. Plumer, proprietors of the Exchange Hotel, at 10 o'clock A. M.

On motion of Dr. James King, of Allegheny county, the citizens of Franklin were invited to be present at the meeting at 8 P. M., to hear the President's address.

On motion of Dr. A. M. Pollock, of Allegheny county, the members of the Venango County Medical Society not delegates were invited to seats with the Society.

The President appointed the following Committee on Business.—Drs. Thomas M. Drysdale, Philadelphia; S. M. Ross, Mercer; and T. H. Helsby, Lycoming.

The Committee of Arrangements, acting as a Committee on Credentials, reported the following as duly accredited delegates and members:—

Allegheny County.—Thomas H. Elliott, James King, W. F. Knox, J. H. Legge, Daniel Leasure, J. C. Maggini, A. M. Pollock, Thomas W. Shaw, W. L. Simpson, J. D. Thomas, E. A. Wood.

Beaver County.—Isaac Winans.

Berks County.—Jos. Coblentz, A. B. Dundor.

Blair County.—Rowan Clarke, John Fay, J. M. Smith.

Bradford. County.—E. P. Allen, R. H. Ely.

Butler County.—S. Bredin, W. R. Cowden.

Chester County.—W. R. Blakeslee, John P. Edge, Wilmer Worthington

Clarion County.—W. M. Clover, S. D. Meals, James Ross.

Crawford County.—D. Best, J. P. Hassler, A. O'Neill, D. A. Phillips, Thomas J. Young.

Cumberland County.—W. W. Dale, Alfred Day, A. J. Herman, H. Mower.

Dauphin County.—John Curwen.

Delaware County.—J. F. M. Forwood.

Erie County.—J. L. Stewart, W. M. Wallace.

Fayette County.—B. F. Conklin.

Indiana County.—J. L. Crawford.

Lancaster County.—John L. Atlee, S. Atlee Bockius, M. L. Herr, P. J. Roebuck.

Lycoming County.—Thomas H. Helsby, Thomas Lyons, A. Richter.

Mercer County.—T. M. Brown, E. X. Geibner.

Montgomery County.—Joseph W. Anderson, Wm. Corson, David Schnuck, Jr.

Northampton County.—Traill Green.

Philadelphia County.—W. L. Atlee, L. S. Bolles, F. J. Buck, J. S. Eshleman, Wm. Lyons, J. H. Smaltz.

Schuylkill County.—E. H. Kistler.

Susquehanna County.—S. W. Dayton.

Tioga County.—D. Bacon, Charles W. Brown, James Master.

Venango County.—R. Crawford, T. W. Egbert, John B. Glenn, W. W. Powell, W. S. Welsh.

Warren County.—C. H. Smith, A. M. Straight.

Washington County.—Franklin P. Scott.

Ex-officio Delegates.—Vice President—B. Gillett. Recording Secretaries—F. F. Davis, S. G. Snowden. Permanent Secretary—Wm. B. Atkinson.

Permanent Members.—Venango County, B. F. Hamilton, W. Varian, T. F. Oakes, G. W. Barr, J. R. Arter, W. Lowrie Whann; Warren County, A. C. Blodget, H. L. Bartholomew; Crawford County, John T. Ray; Mercer County, J. B. Livingston, B. E. Mossman, S. M. Ross; Blair County, Wm. R. Findley; Clarion County, J. F. Ross; Butler County, G. W. Coulter.

On motion of Dr. S. G. Snowden, of Venango, the members of all County Medical Societies were invited to seats.

Dr. A. M. Pollock, Chairman of the Committee on Registration of Births, Marriages and Deaths, read his report.

On motion of Dr. E. A. Wood, of Allegheny, the report was accepted.

Dr. W. M. Wallace, of Erie, offered some amendments to the report, which were not adopted.

Pending further action on the report, the Society adjourned until 3 P. M.

Afternoon Session.

3 P. M. The President in the chair.

The Permanent Secretary having now arrived, read the minutes of the morning session, which, on motion, were adopted.

The Committee on Business reported as follows:

Your Committee reports the following items for your action:—

1st. Report of Committee on Opium and Alcoholic Intoxicants, to make a report at this meeting. Dr. Parrish, of Delaware, chairman.

2d. Motion in regard to registration of

births, marriages and deaths. Dr. Daly, of Allegheny, chairman.

3d. Amendment of constitution, offered by Dr. Gross, of Philadelphia: "That a change of residence of a permanent member of this Society, in good standing, and of advanced age, shall not vitiate his membership of this body, but that he shall be entitled to hold his seat as if no such change had taken place."

4th. Committee on Compulsory Vaccination. Dr. Curwen, of Dauphin, chairman.

5th. Amendment to the constitution, offered by Dr. Stettler, of Philadelphia: "Insert after 'permanent members,' in Art. V, Sect. 9, last line but one, '*or delegate ex-officio.*"

6th. Resolution by Dr. Curwen, of Dauphin.

7th. Resolution by Dr. Bolles, of Philadelphia.

8th. Address on Medicine, Surgery and Obstetrics. Resolution of Dr. Gross.

9th. Report of Standing Committee—Art. III, Sect. 5, of By Laws.

10th. Resolution of Dr. William H. Pancoast, of Philadelphia, calling for scientific papers furnished by county societies.

T. M. DRYSDALE,
S. M. ROSS,
THOS. H. HELSBY.

The Report on Registration of Births, Marriages, and Deaths, was called up, and read by the Permanent Secretary. After some discussion, on motion of Dr. W. Worthington, of Chester county, the report was recommitted to the committee, with instructions for them to report to-morrow, and the President was requested to add new members to the committee, to take the place of those absent and to enlarge it. Committee—Drs. A. M. Pollock, Allegheny; W. Worthington, Chester; W. L. Atlee, Philadelphia; W. M. Wallace, Erie; L. S. Bolles, Philadelphia; B. Gillett, Venango; I. Winans, Beaver; J. Ross, Clarion; J. L. Stewart, Erie; T. H. Elliott, Allegheny; James King, Allegheny; and Thomas Lyons, Lycoming.

The amendment to the constitution offered last year by Dr. S. D. Gross, Philadelphia, (see page 239, vol. 1871) being next in order, on motion of Dr. W. W. Dale, Cumberland, the words, "and of advanced age," were stricken out. The question was then put upon the adoption of the amendment thus amended, and it was negatived by a large majority.

The report of the Committee on Compulsory Vaccination was called for, when, on motion of the chairman, Dr. John Curwen, the committee was continued, and the name of Dr. Benjamin Lee, of Philadelphia, was substituted for that of Dr. John Curwen.

The amendment to the constitution offered by Dr. J. G. Stetler, of Philadelphia (see page 240, vol. 1871), was called up and adopted by a majority of more than two-thirds of those present.

On motion of Dr. John Curwen, of Dauphin, it was

Resolved, That a committee of five members of this Society be appointed to prepare a memorial to the Legislature in favor of the erection of a Hospital for the Insane for the counties of Erie, Crawford, Mercer, Venango, Warren, McKean, Elk, Forest, Cameron, and Clarion, and to press upon them the urgent necessity of such an institution.

Committee:—Dauphin, Dr. John Curwen; Clarion, Dr. James Ross; Erie, Dr. W. L. Stewart; Venango, Dr. F. F. Davis; Crawford, Dr. W. Varian.

On motion of Dr. L. S. Bolles, of Philadelphia, the following was unanimously adopted:—

Whereas, The following named County Societies, viz., Armstrong, Carbon, Huntingdon, Lawrence, Lebanon, Mifflin, York, and Wayne, annually appear in the Treasurer's report as in arrears, for periods ranging from five to twenty years; and

Whereas, There is reason to believe that each one of these organizations is virtually if not absolutely extinct; therefore

Resolved, That the above-named Societies "be declared dissolved for non-payment of dues," in accordance with the action of this Society in the case of the old Mercer County Society, at the session held at Pittsburg, June, 1867.

On motion of Dr. Bolles, it was

Resolved, That in the future, whenever any County Society shall remain in arrears of dues for a period of four or more years, such Society shall be declared dissolved for non-payment of dues, and shall not be entitled to any representation in the State Society.

The Permanent Secretary read a communication from Dr. N. S. Davis, chairman of a committee appointed by the American Medical Association to memorialize State Medical Societies on the subject of Medical Education. On motion of Dr. W. B. Atkinson, of Philadelphia, the communication was referred to a committee of three members, to report at this session. Committee—Drs. Traill Green, Northampton; D. Leasure, Allegheny; and W. Worthington, Chester.

The following report from the Corresponding Secretary was read, and, on motion, was received, and ordered to be entered on the minutes:—

PHILADELPHIA, June 10, 1872.

To the President of the Medical Society of the State of Pennsylvania:—The Corresponding Secretary would respectfully report that he received the report of the Censors of the Third and Fourth Districts in reference to "the appeal of Dr. W. R. Findley from the action of the Blair County Medical Society." Very respectfully,

LAURENCE TURNBULL.

After some discussion, Dr. W. W. Dale, of Cumberland, offered the following, which was not adopted:—

Resolved, That the report of the Censors of the Third and Fourth Districts be re-

ferred to a committee, to report at the present meeting.

On motion of Dr. A. M. Pollock, of Allegheny, it was

Resolved, That the report of the Censors on the appeal of Dr. William R. Findley from the Blair County Medical Society, as it appears on pages 18 and 19 of the published transactions of the Medical Society of the State of Pennsylvania, A. D. 1870, together with the rulings of Dr. Wallace, President of said Society, A. D. 1870, and of Professor Gross, President of said Society, A. D., 1871, be and are hereby sustained, and declared valid and final, and as establishing the good standing of the said Dr. William R. Findley in the Blair County Medical Society.—Ayes 37, Nays 6.

Dr. F. F. Davis, on behalf of the Committee on Credentials, asked that a committee be appointed to investigate the Case of Dr. N. M. Perry, of Tioga county.

On motion, the Society adjourned to meet at 8 P. M.

EVENING SESSION.

8 P. M. Dr. Wilmer Worthington, Ex-President of the Society, was requested to preside.

The President, Dr. J. S. Crawford, then read the annual address.

On motion of Dr. J. L. Atlee, of Lancaster, the thanks of the Society were tendered to the President for his able address, and a copy was requested for publication.

The following were announced as constituting the Committee on Nominations:

Allegheny, E. A Wood; Beaver, Isaac Winans; Berks, J. Coblentz; Blair, J. M. Smith; Bradford, R. H. Ely; Butler, W. R. Cowden; Chester, J. P. Edge; Clarion, James Ross; Crawford, T. J. Young; Cumberland, W. W. Dale; Delaware, J. F. M. Forwood; Dauphin, John Curwen; Erie, J. L. Stewart; Fayette, B. F. Conklin; Indiana, J. L. Crawford; Lancaster, John L. Atlee; Lycoming, T. H. Helsby; Mercer, F. X. Geibner: Northampton, Traill Green; Philadelphia, L. S. Bolles; Schuylkill, E. H. Kistler; Susquehanna, S. W. Dayton; Tioga, C. W. Brown; Venango, R. Crawford; Washington, F. P. Scott.

The committee was requested to assemble immediately in the Registration room.

On motion, the Society adjourned until Thursday at 9 A. M.

THURSDAY.

9 A. M. President in the chair.

Minutes of Wednesday's session read and approved.

The committee to whom was referred the communication on Medical Education reported by their chairman, Dr. Leasure, as follows:

Your committee have carefully read and freely discussed the report of the Committee on Medical Education appointed at the annual meeting of the American Medical Association, May, 1869, and respectfully report, that while there are many excellent suggestions in the report, we believe that under the existing laws of the several States, granting charters to medical schools, they are entirely impracticable, so far as State and County Societies are concerned, but we respectfully recommend that preceptors exercise a rigid supervision over the preliminary education of young men presenting themselves as candidates for a professional education.

DANIEL LEASURE, M. D.,
TRAILL GREEN, M. D.,
WILMER WORTHINGTON, M. D.

On motion of Dr. Atkinson, the report was received, and the committee discharged.

Dr. L. S. Bolles, on behalf of the Treasurer (absent by sickness), read his report, which, on motion, was received, and referred to an Auditing Committee. Auditors:—Drs. E. P. Allen, Bradford; J, L. Atlee, Lancaster; Thomas Lyons, Lycoming.

On motion of Dr. D, Leasure, Allegheny, it was

Resolved, That this Society earnestly recommends to county societies the propriety of fixing in their fee bills the amount of compensation to be allowed to medical experts for testifying before courts of justice.

The report of the Committee of Publication was read, and, on motion, the report was received, and the recommendation adopted.

PHILADELPHIA, June 1, 1872.

The Committee of Publication would respectfully report that they have had printed of the "Transactions" for 1871 eleven hundred copies, at an expense of $1006.45. Of these there were distributed

To County Societies	1054
Medical Journals	19
Representatives from other State Societies	2
J. B. Ullesperger, M. D., Munich, Bavaria	2
Remaining on hand	23
	1100

As the volumes of "Transactions", now uniformly bound, as per resolution of 1870, number in all eight volumes, from the commencement of the issue; and, whereas of late years the volumes have been designated by series and parts, which, if continued for any length of time, becomes confusing, the Committee of Publication would respectfully suggest that when the pages of the "Transactions" of future volumes shall have reached 500, the constitutional provision for a new volume, it shall be entitled Vol. IX, year 1872; and that all subsequent volumes shall follow and conform with same order of arrangement.

Respectfully submitted,
A. H. FISH, *Chairman*,
LAURENCE TURNBULL,
WM. B. ATKINSON,
WINTHROP SARGENT,
WM. H. PANCOAST,
L. S. BOLLES.

The Committee on Registration presented

their report, with an act to be presented to the Legislature.

On motion, the report was received and the committee discharged.

The committee appointed to investigate the case of Dr. Perry, offered the following report:

The committee appointed to investigate the standing of Dr. W. M. Perry, a delegate accredited from Tioga county, beg leave to report that his professional character is unquestioned; but, inasmuch as Dr. Perry is a member of a society in an adjoining county and an adjoining State, he is constitutionally ineligible a a delegate from Tioga county.

Resolved, That Dr. Perry be invited to take a seat in the Association and participate in its discussions.

[Signed] WASHINGTON L. ATLEE,
JOHN CURWEN.

Franklin, June 19, 1872.

On motion, the report was received, and the resolution unanimously adopted.

The Address on Medicine having been called for, Dr. W. M. Wallace, of Erie, asked to be excused, for want of time to prepare the address.

On motion, Dr. Wallace was excused.

Dr. A. M. Pollock, of Allegheny, who was to read the Address on Surgery, was reported very ill.

Dr. Washington L. Atlee, of Philadelphia, then read the Address on Obstetrics.

On motion of Dr. W. R. Findley, of Blair, the thanks of the Society were presented to Dr. Atlee for his valuable and instructive address.

On motion, the paper was referred to the Committee of Publication.

Dr. John Curwen, of Dauphin, offered the following:—

Resolved, That a committee of three be appointed to revise the Censorial districts, and to take into consideration all matters appertaining to the duties of the Censors, and report to the next meeting of this Society.

Dr. D. Leasure moved to amend as follows:

That a committee of three be appointed to revise Article 9 of the Constitution and Article 4 of the By-Laws relating to Censorial districts, and define distinctly the duties of Censors.

The amendment was accepted by Dr. Curwen and the resolution was then adopted.

Committee—Drs. D. Leasure, Allegheny; John Curwen, Dauphin; Wilmer Worthington, Chester.

On motion of Dr. D. Bacon, of Tioga, the following was unanimously adopted:—

Whereas, It is alleged that Tioga County Medical Society has several members, and are still admitting physicians whose qualifications are not such as the Constitution of this Society requires; therefore

Resolved, That the Censors of that district be directed to investigate and report at next year's meeting.

The Permanent Secretary then read the following communications:—

LANCASTER, June 7, 1872.

To the Officers and Members of the Medical Society of the State of Pennsylvania:—GENTLEMEN—We the undersigned, members of the Lancaster County Medical Society, do respectfully petition the State Medical Society to institute proceedings whereby Dr. F. Hinkle can have restored the rights and privileges of an honorable member of this Society.

F. G. ALBRIGHT, M. D.,
A. J. HERR, M. D.,
GEORGE A. KING, M. D.,
GEORGE J. HOOVER, M. D.,
HENRY S. TROUT, M. D.

To the Medical Society of the State of Pennsylvania, in session at Franklin:—At the last meeting of this Society, held in June last, the Censors of the First District, in the case of Dr. Ehler's appeal from the action of the Lancaster County Medical Society expelling him from said Society, read their report, condemning the action of said Society, and restoring Dr. Ehler to membership. This was signed by all the Censors constituting the acting Board at that time, namely, Drs. Corson, Ash, and Rutherford. That this settled the case, and made Dr. Ehler a full member of that Society, allow us to show by the Constitution, and by established precedents and decisions of presiding officers of the State Society: In Section 5, Article 5, of the Constitution it is declared that "in case of an appeal of a member of a County Society from action of said County Society by which a member has been expelled, *that the decision of the Censors shall be final.*"

Again: in the appeal of Dr. Findley from the action of the Blair County Medical Society, when the report of the Censors was read before the State Medical Society, held in Philadelphia in June, 1870, the President, Dr. Wallace, of Erie, announced that "the action of the Censors was final, and hence did not require action by the State Society." (See page 19, "Transactions of 1870.")

At the same meeting, when Dr. James Carpenter, of Schuylkill county, rose to an explanation in relation to the report of the Censors in the case of Dr. Halberstadt's appeal from the action of the Schuylkill County Medical Society, the President decided "all debate on the subject out of order, *as the decision of the Censors in the case was final.*" (See page 28, "Transactions of 1870.")

In the case of the appeal of Dr. Ehler from the action of the Lancaster County Medical Society, the report made by the Censors to the State Society was not offered to the Society for its sanction, but to inform it of the doings of the Censors during the preceding year. And although the Society did, by an almost unanimous vote, formally accept the report and endorse the action of the Censors in restoring Dr. Ehler to full membership in Lancaster County Medical Society, its action was not necessary in the case, and imposed no additional obligation

on the County Society to that already placed upon it by the Board of Censors.

Again: at the meeting at Williamsport last year, when the Corresponding Secretary had read the report of the Censors in relation to the difficulties in the Berks County Medical Society, Dr. W. R. Findley "objected to a further consideration of the subject, as the decision of the Board of Censors was final." "The President (Professor Gross) decided the point of order as well taken; and, on motion of Dr. Worthington, of Chester, the report of the Board was approved." (See page 227, "Transactions for 1871.")

From the above statement it is quite plain that when the Censors had made their report in the case of Dr. Ehler's appeal, and had by it restored him to membership, the case was no longer within the jurisdiction of the State Society, and said Society could not therefore "refer it again to the Censors for further adjudication," as was attempted by motion of Dr. W. L. Atlee. As Dr. H. St. Clair Ash has ceased to be a member of the Board, and cannot therefore join with us in this report, it remains for the undersigned to respectfully offer the above to the Society as our justification for not taking further action in the case referred to, and for declaring that, by action had in accordance with the Constitution of the State Society, Dr. J. Augustus Ehler has been restored to full membership in the Lancaster County Medical Society.

All of which is respectfully submitted.

HIRAM CORSON,
WM. W. RUTHERFORD.

To the Medical Society of the State of Pennsylvania, convened at Franklin, Pa.:—

Whereas, At the meeting of the State Medical Society, held at Williamsport last June, the Censors of the First District read their report in the case of the Appeal of Dr. J. Aug. Ehler from the action of the Lancaster County Medical Society, which report was by a full vote accepted by the Society; and

Whereas, The Committee of Publication from some cause omitted to publish said report and the action had upon it, in the "Transactions of the State Society," thus making an imperfect record of the proceedings, and doing injustice to those concerned in the case, by making it appear that the report had not been received by the Society, and also by thus preventing the decision of the Censors from becoming widely known; therefore

Resolved, That the report and the action had upon it be published with the "Transactions of this meeting of the Society. We ask this of the Society as a matter of justice.

Respectfully,
HIRAM CORSON,
WM. W. RUTHERFORD.

Dr. John L. Atlee, of Lancaster, replied at some length, giving a history of the whole case.

On motion of Dr. James King, of Allegheny, it was unanimously

Resolved, That the whole action of the Lancaster County Medical Society in the matter of the expulsion of Drs. Hinkle and Ehler be approved.

Reports of County Societies having been called for, reports were received, and, on motion, referred to the Committee of Publication from the following societies, viz.:—Allegheny, Beaver, Bradford, Butler, Crawford, Cumberland, Delaware, Erie, Indiana, Lycoming, Lancaster, Mercer, Montgomery, Northampton, Philadelphia, Schuylkill, Tioga.

On motion, the Society adjourned until 3 P. M.

AFTERNOON SESSION.

President in the chair.

The minutes of the morning session were read and approved.

The Standing Committee reported that no papers had been offered them.

A bill for stationery, Janitor, etc., for $25.70, was presented and ordered to be paid.

The Committe on Nominations, through Dr. J. L. Atlee, reported as follows:—

President.—Dr. A. M. Pollock, of Allegheny Co.

Vice Presidents.—Dr. W. L. Atlee, of Philadelphia; Dr. W. W. Dale, of Cumberland Co.; Dr. R. Crawford, of Venango Co.; Dr. J. T. Ray, of Crawford Co.

Corresponding Secretary.—Dr. T. M. Drysdale, of Philadelphia.

Permanent Secretary.—Dr. Wm. B. Atkinson, of Philadelphia.

Recording Secretary.—Dr. S. B. Kieffer, of Cumberland County.

Treasurer.—Dr. L. S. Bolles, of Philadelphia.

Delegates to the American Medical Association.—Dr. J. F. M. Forwood, of Delaware Co.; Dr. James Ross, of Clarion Co.; Dr. James L. Stewart, of Erie Co.; Dr. J. L. Crawford, of Indiana Co.; Dr. R. Crawford, of Venango Co.; Dr. T. J. Young, of Crawford Co.; Dr. S. W. Dayton, of Susquehanna Co.; Dr. James King, of Allegheny Co.; Dr. J. H. Smaltz, of Philadelphia Co.

Censors—First District.—Dr. Hiram Corson, Montgomery Co.; Dr. W. W. Rutherford, Dauphin Co.; Dr. W. Murray Weidman, Berks Co.; Dr. Wm. H. Pancoast, Philadelphia Co.; Dr. Henry Carpenter, Lancaster Co.

Censors—Second District.—Dr. E. P. Allen, Bradford Co.; Dr. W. H. McGill, Columbia and Montour Cos.; Dr. Frederick Corse, Luzerne Co.; Dr. C. C. Halsey, Susquehanna Co.; Dr. P. B. Breinig, Northampton Co.

Censors—Third and Fourth Districts.—Dr. S. B. Kieffer, Cumberland Co.; Dr. W. R. Hull, Lycoming Co.; Dr. J. Montgomery, Franklin Co.; Dr. J. M. Gemmill, Blair Co.; Dr. Joseph Swartz, Perry Co.

Censors—Fifth District.—Dr. W. S. Huselton, Allegheny Co.; Dr. G. W. Coulter, Butler Co.; Dr. W. S. Duncan, Fayette Co.;

Dr. W. J. Langfitt, Beaver Co.; Dr. Wm. Anderson, Indiana Co.

Censors—Sixth District.—Dr. W. M. Wallace, Erie Co.; Dr. S. M. Ross, Mercer Co.; Dr. S. G. Snowden, Venango Co.; Dr. J. C. Cotton, Crawford Co.; Dr. James Ross, Clarion Co.

Place of Meeting.—Carlisle.

Committee of Arrangements.—Dr. S. B. Kieffer, Cumberland Co.; Dr. J. J. Zitzer, do.; Dr. S. P. Ziegler, do.; Dr. Henry Mower, do.; Dr. W. W. Dale, do.

Committee of Publication.—Dr. Wm. B. Atkinson, Chairman, Philadelphia; Dr L.. S. Bolles, do.; Dr. A. H. Fish, do.; Dr. R. J. Dunglison, do.; Dr. Benj. Lee, do.; Dr. T. M. Drysdale, do.; Dr. F. F. Davis, Venango Co.

Delegates to the New Jersey Medical Society.—Dr. J. P. Edge, Delaware Co.; Dr. John Curwen, Dauphin Co.; Dr. F. J. Buck, Philadelphia.

Delegates to the New York State Medical Society.—Dr. R. H. Ely, Bradford Co.; Dr. Geo. W. Barr, Crawford Co.; Dr. J. S. Eshleman, Philadelphia.

Delegates to the Ohio State Medical Society.—Dr. J. L. Stewart, Erie Co.; Dr. Wm. Varian, Crawford Co.; Dr. J. L. Crawford, Indiana Co.

Delegates to the Delaware State Medical Society.—Dr. J. F. M. Forwood, Delaware Co.; Dr. W. W. Dale, Cumberland Co.; Dr. W. Worthington, Chester Co.

Delegates to the West Virginia Medical Society.—Dr. T. M. Shaw, Allegheny Co.; Dr. F. P. Scott, Washington Co.; Dr. B. F. Conklin, Fayette Co.

Time of Meeting.—Second Wednesday of June, 1873.

On motion, the report was received and the officers thus named unanimously elected.

On motion of Dr. Ross, Dr. Axtell, of Georgetown, was invited to a seat with the Society.

On motion of Dr. W. M. Wallace, of Erie, it was

Resolved, That the Committee on Registration be requested to present the draft of the bill on Registration to the coming session of the Legislature, with a memorial advising its enactment.

The President appointed Dr. D. Leasure, of Allegheny, to prepare the address on Practice of Medicine; Dr. Wm. Goodell, of Philadelphia, that on Obstetrics, and Dr. John L. Atlee, of Lancaster, that on Surgery, for 1873.

Dr. Washington L. Atlee, of Philadelphia, then exhibited an ovarian tumor, and explained its peculiarities, etc.

Remarks on the same subject were made by Dr. John L. Atlee, of Lancaster.

On motion of Dr. F. J. Buck, inasmuch as Dr. A. M. Pollock was too ill to present his address on Surgery, the paper was referred to the Committee of Publication.

On motion of Dr. F. F. Davis, of Venango, the thanks of the Society were presented to Dr. Atlee for his interesting lecture on Ovarian Tumors.

On motion of Dr. B. Gillett, of Venango, it was

Resolved, That the thanks of the Pennsylvania State Medical Society are specially due, and are hereby tendered to the officers of the Allegheny Valley, Oil Creek and Allegheny River, Jamestown and Franklin, and to the Atlantic and Great Western Railroads for giving commutation of fare to the delegates and members of the State Society in attending the annual session held in Franklin; and also to the Commissioners of Venango County for the use of the Court House.

On motion of Ds. J. L. Stewart, of Erie, it was unanimously

Resolved, That the sincere thanks of this Society are hereby returned to Dr. A. H. Fish, late Treasurer, for the efficient and faithful manner in which he has managed the finances of the Society during his term of office; and that the regrets of the Society are also expressed at the unavoidable loss of his valuable services.

On motion, the Society adjourned until Friday at 8 A. M.

FRIDAY.

8 A. M. Vice President Dr. H. De La Cossett in the chair.

The minutes of the session of Thursday afternoon were read and approved.

Dr. E. P. Allen, of Bradford, presented the following report, as delegate to the New York State Medical Society.

To the President, Officers and Members of the Medical Society of the State of Pennsylvania:—

The undersigned, delegate of this Society to the Medical Society of the State of New York, would most respectfully say, that he visited the Society which met in Albany on the first Tuesday in February last, and continued its session three days. We were introduced to the Society, and invited to participate in their deliberations. The meeting was well attended, and a large number of able and interesting papers read and listened to with great interest. Very little time of the Society was occupied in the transaction of legislative business, thus giving a greater amount of time to the reading and discussing of subjects pertaining to the literature of the profession. In this respect your delegate thought our Society would do well to imitate.

One or two attempts were made by a few members who seemed to feel very charitable towards irregular practitioners, to extend the courtesies of the profession to them, which were promptly disposed of in a creditable manner to the profession.

We take pleasure in saying that it has been our good fortune to have met this Society on two other occasions of their annual meeting, and noticed an increased zeal in the cultivation and promotion of our profession. E. P. ALLEN.

The President, Dr. J. S. Crawford, now entered and assumed his office.

The President appointed Drs. H. De La Cossett and B. Gillett to conduct the First Vice President, Dr. W. L. Atlee, to the chair, the President elect, Dr. A. M. Pollock, being still too ill to be present. Dr. Atlee, on taking the chair, made a few appropriate remarks, and was followed by Dr. R. Crawford, Second Vice President.

The minutes were then read and approved.

On motion, the Society adjourned to meet at Carlisle, on the second Wednesday of June, 1873, at 11 A. M.

EDITORIAL DEPARTMENT.

PERISCOPE.

Healing of Wounds and Ulcers by a New Method.

Dr. JAMES BRAITHWAITE, M. D., Leeds, Editor of *Braithwaite's Annual Retrospect of Medicine and Surgery*, writes to the *British Medical Journal*:—

The application of an aqueous solution of carbolic acid (one drachm to eight ounces of water) to an ill-conditioned ulcer, cleans it from all purulent matter, and causes it to assume a healthy red appearance, with each granulation distinctly visible. If a wound in this state be freely exposed to warm dry air for some hours, it becomes glazed and dried on the surface. It becomes covered by what is practically an impervious transparent membrane, closely applied to the surface of the granulations, and exercising a certain amount of mechanical pressure upon them. In many cases no matter forms underneath this membrane, and cicatrization goes on underneath it with great rapidity. In time, the membrane assumes the appearance of a thin dry scab and drops off. If matter form under the membrane, it is at once visible through it; the lotion should then be reapplied, and the wound dried by exposure, as before. Immediately this is done, the inflamed edges of the ulcer commence to pale in color, and in twenty-four to thirty-four hours have nearly the tint of natural skin.

This treatment is especially of value in the cure of ulcers on the leg, as no confinement to bed is necessary; and what is required in the application of the lotion and subsequent drying can be done in the evening, after the conclusion of the day's work.

The first case in which I tried this plan was that of Godfrey S. He had been thrown off his ordinary business twice, for a period of four to six weeks, with an ulcer on the shin of the right leg. It healed the first time; but on the second occasion it resisted all treatment, although he laid in bed two weeks. I then tried the plan recommended, and he returned to work in a week. Of course, the wound was unhealed, but it was covered with a firm scale. This dropped off many weeks afterwards, leaving a healthy cicatrized surface.

Another case was that of John M., a hairdresser, accustomed to be on his feet all day. The lower half of his left leg anteriorly was one mass of inflammation and deep ulcers, secreting unhealthy pus, and with irregular edges. This was cured by this plan alone, thanks to his own intelligence and care, without his being one day off his work.

I have tried this plan in numerous cases of small wounds, but do not think it applicable for sores of large size—say six or seven inches across—from a scald. I have met with one case which defied this plan of treatment. It was a chilblain on the foot of a very strumous child, just returned from India. She had at the same time pemphigus on the back of both hands. The profuse suppuration was too much for the mechanical pressure of the membrane to check it; and although cleaned, dried, and glazed repeatedly, pus always formed underneath. I at last simply dressed it with spermaceti ointment, and it healed by contraction in about two months. Of course, the membrane or scab acts not merely by pressure, but by exclusion of the air.

Removal of Naso-pharyngeal Tumors.

In order to gain access to the posterior nares and pharynx for the removal of tumors, Dr. Von Bruns, of Tübingen, operates in the following way (reported in the *Berliner Klinische Wochenschrift*):—

A horizontal incision is made along the upper lip (of a sufficient height to avoid wounding the mucous membrane) from a point a few *millimetres* below the right ala nasi to the level of the first molar tooth; a second incision is then made along the naso-frontal suture; and a third is curved obliquely down on the left side to the end of the lower incision. The base of the nasal spine is divided by a saw, and the septum is cut through by bone-forceps; after which the bony parts are carefully sawn, and the right nasal bone is raised from its union with the maxillary. The whole nose can then be turned over on the right cheek, and replaced after the removal of the tumor. Or half

only of the nose may be treated in the same way, by making the division between the nasal bones, and leaving the septum and the parts on the sound side uninjured. Dr. Von Bruns has employed this method in three cases. In one of them it was necessary to keep the nose displaced for three weeks; but at the end of that time, after the edges had been freshened, union rapidly took place. He says that this operation facilitates the removal of tumors and the arrest of hemorrhage; that it gives the surgeon the opportunity of watching the parts for some time, so as to perform any further operation that may be necessary; and that recovery takes place soon, and without any impairment of function.

On Puncturing in Dropsy.

At the close of an article on dropsy by Dr. FREDERICK T. ROBERTS, in the London *Practitioner*, he says:—

In conclusion I desire to add a few words with regard to puncturing the legs and scrotum, when considerable œdema exists in these parts. I am satisfied that this simple measure is also often too long delayed, and thus does not give the relief which it is capable of affording. This is particularly true in cases of cardiac dropsy, where a few punctures, repeated for some days, may give material help in removing the fluid altogether, at all events for a time, by relieving the over-distended vessels, and thus enabling them to absorb. Of course, permanent benefit is not to be expected in these cases, but it is a great thing to relieve the very unpleasant feelings associated with this form of dropsy. In the case of the legs it is below the knee that the punctures should be made, as, if they are made above this point, urine may come into contact with them, and lead to erysipelas. It is unnecessary to make large incisions, the punctures produced by ordinary hare-lip pins answering very well. Several may be made at intervals in dependent parts, also on the dorsum of the foot, if required; and they may be repeated, if necessary, so long as there is no sign of irritation. It is advisable to wrap up the limbs in cotton-wool and flannel, which should be frequently changed. As regards the scrotum this may be punctured in several points on both sides, and then well fomented. Great care must be taken to keep this part clean. In some cases the operation causes it to become indurated, and this condition resists the further accumulation of fluid.

A recent German writer recommends in these cases to insert the tubes of hypodermic syringes, and let the fluid drain off through them.

Treatment of Lupus Erythematosus.

Dr. ROBERT LIVEING, after giving an account of the various forms of lupus, remarks that erythematous lupus is the *lupus of middle age;* it is more common in women than in men; it begins in the sebaceous glands and hair follicles; it spreads slowly, and has little tendency to form open ulcers; it attacks chiefly the papillary layers of the skin, and leaves smooth white scars, which are covered with cuticle, and are neither hard nor puckered. Under judicious management the progress of many cases is arrested, which would otherwise only pass from bad to worse. Our first care must always be not to do harm, and by the use of strong caustics produce a severe scar, when nature would have left but a smooth and slight one. Lupus erythematosus, in common with most other kinds of lupus, is always influenced unfavorably by exposure. No remedy can be regarded as a specific. Amongst the most useful may be mentioned cod-liver oil, arsenic, and small doses of perchloride of mercury, and perhaps the most generally useful of all, viz., combinations of the iodine and bromine salts. These compounds are contained in the Woodhall Spa, in Lincolnshire. If strong caustics are used at all, they should be applied with great care, and only along the border of the lupus patch. Of the milder remedies, blistering is one of the most useful, especially if it is combined with other treatment, such as the use of a weak nitric acid lotion, or the application of some form of tar. Hebra strongly recommends a plan by friction with soft soap, and the occasional use of soft soap plasters. The application of mercurial plaster is, perhaps, more generally useful than any other local remedy.

Cyanosis from Nitrate of Silver Removed by Iodide of Potassium.

Dr. L. P. YANDELL, Jr., Professor of Materia Medica and of Clinical Medicine in the University of Louisville, says, in the *American Practitioner:*—

Most practitioners have met with cases of cyanosis produced by nitrate of silver and such cases were more frequent many years ago, when nitrate of silver was more frequently employed for epilepsy than it is at the present time. According to most authorities the stain is permanent, and not amenable to treatment. Many remedies have been suggested, iodine, nitric acid and acid nitrate of potash being the favorites; but I have found no cure recorded. As much as fifteen grains of nitrate of silver have been given thrice daily, in pillular form, without injury; but five grains in solution seems to be the largest dose capable of safe administration. It is the generally accepted opinion that the blue skin never supervenes when the remedy is given for a less period than three months. The discoloration first begins about the gums and fauces. It has been found in the coats of the intestines and eyes. It may appear several months after cessation of the use of the medicine, and exposure to the sun seems to predispose to its development.

The stain has been variously described as blackish, bluish, grayish, slate color, and bronze. The mineral is deposited in the deeper parts of the skin, and is most abun-

dant where the skin is most vascular. A blister upon the skin produces a white vesicle, as in the normal cuticle.

The two cases which have suggested this report are similar in many respects. Both were young merchants, and both had been treated unsuccessfully for epilepsy by nitrate of silver in their youth. Both contracted syphilis, and for tertiary symptoms got iodide of potassium. This drug was given in from ten to sixty grain doses, thrice daily, for a number of months, in connection with ferruginous or bitter tonics. One of the patients was forced to discontinue the iodide because of its disagreeable effect upon the system. The other took it until all traces of syphilis had passed away, and he increased in flesh under its use. In both cases the fading of the stains was gradual. In the first case there is a faint trace of discoloration remaining, though it is scarcely perceptible. In the second, which was much the darker of the two, there is not a shadow of the disfigurement. The iodide of potassium was not given in either case with reference to the cyanosis, and its beneficial effects were observed by me accidentally more than a year after their occurrence. It may be well to state that both patients were treated by the moist mercurial vapor bath during much of the time that they were using the iodide of potassium, and the abundant diaphoresis may have assisted the action of the iodide. I would suggest, therefore, for the treatment of nitrate of silver cyanopathia the use of the vapor bath in connection with the iodide of potassium.

Reviews and Book Notices.

NOTES ON BOOKS.

——One of the supplements to the Catalogue of the Library of the Surgeon-General's Office is a list of the American Medical Journals. It includes the titles of all American medical periodicals of every kind known to the author, Assistant Surgeon John S. Billings, U. S. Army, and is very nearly complete. It embraces in all 391 titles, of some of which no specimens are in the library, while of the majority they have complete or nearly complete files. Dr. Billings remarks:—

"It is very desirable that the collection of American medical literature in this library should be made as complete as possible." To obtain this completion, the assistance of physicians generally would be of great use, and those who have old files of journals ought to write Dr. Billings, and if they are among his wants, they should be placed at his disposal.

BOOK NOTICES.

The Correct Principles of Treatment for Angular Curvature of the Spine. By Benjamin Lee, A. M., M. D. Philadelphia: J. B. Lippincott & Co., 1872. 1 vol. 12mo., cloth, pp. 77.

In this volume the author explains anew the methods which have been remarkably successful in his hands for curing the obscure and intractable disease to which he has given so much attention. The conclusions, he tells us, which he expressed several years since in a similar work have been strengthened by wider experience in the same field. These briefly are: First, that an early recognition of the disease will often enable us to arrest it before deformity arrives; secondly, that mechanical treatment is more important than medication; thirdly, that the proper mechanical treatment is constant antero-posterior support, assisted by occasional modified suspension. The points of support are those pointed out by physiological anatomy, namely, the oblique processes of the vertebræ.

The perusal of the reasons assigned for the form and plan of application of the apparatus employed, and the record of the cases contained will satisfy any surgeon that this method is correct in both theory and practice.

The work closes with a table showing the differential diagnosis of spinal arthro-chrondritis, the initial stage of angular curvature, from a number of other maladies with which it may possibly be compounded by inexperienced practitioners.

Doctor in Medicine: and other Papers on Professional Subjects. By Stephen Smith. New York: Wm. Wood & Co., 1872. 1 vol., 8vo., cloth, pp. 308.

This volume is made up of a number of short papers contributed originally to various periodicals. They are in all fifty-eight in number, on various topics, and without inherent connection. The standing and recognized ability of their author vouch for the high character of his productions, and though we have not seen much that was very novel, original, or striking in turning the pages of the book, it is filled with sound sense, pure and practical advice, an elevated appreciation of the profession of medicine, and a desire to instruct and benefit its readers. Some of the topics treated are physician and apothecary, nostrum advertising, duties of coroner, prevention of crime, conservative surgery, writer's cramp, specialists, physicians in old age, the crime of abortion, incurable diseases, prescription writing, color blindness, etc.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 22, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports. Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

☞ Quite too many of our subscribers, many of them old, personal friends, are in arrears on their subscriptions, aggregating a large amount of money that we ought to have in order to a vigorous prosecution of our enterprise. These parties are requested to settle their accounts immediately, or at least communicate with us at once—for, instead of at present further enlarging our edition to accommodate new subscribers, we shall resort to the expedient of dropping the unprofitable ones, and putting their bills into the hands of a collector. * * * *

ABOUT PRESCRIBING.

We are not well satisfied with the art of prescribing as it now exists. We do but chronicle a rapidly growing opinion when we say that it is very much behindhand, and far from on a level with the other ancillary arts of medicine.

The faults which are justly to be found with it are various. In the first place, why use an obsolete language, which neither they who write nor they who dispense understand? The shallow and frivolous objections to dropping Latin in prescription writing have been refuted and exposed more than once in these pages. All our readers understand that we don't advocate using the vulgar and ambiguous names of articles, but their scientific appellations, only *in English*, and not with incorrect and affected Latin terminology.

To begin at the root of the evil, why should the "officinal" nomenclature be kept apart and different from the scientific nomenclature? Many a substance is known in the dispensatories and pharmacopœias by a designation which is neither its correct chemical or botanical name, nor yet its vernacular one, but merely a relic of a past age of ignorance, *e. g.*, calamina, santalum, etc.

Again, in writing prescriptions, no sort of discretion is used by most physicians to choose those combinations which are at once pleasing to the eye, agreeable to the palate, easily swallowed, acceptable to the stomach, and economical to the purse. We are altogether of the opinion of a recent medical writer who asserts the conviction that, in the course of no long series of years, our successors in practice will look back upon the prevalent mixtures and pastes of our day with something of the same horror and contempt that we regard the yet more filthy compounds of past years.

The notion that medicine ought to be strong and nasty has passed away. The opinion that it may properly be so, and that there is no need to be fastidious in the selection of concentrated and tasteless alkaloids, rather than of insoluble powders or bulky infusions, still prevails. Decoctions of bark with ammonia, infusions of digitalis, mixtures of copaiba, horrible aperient draughts, nauseous iron mixtures, are still but too common. In a quickly coming day we shall desist from unnecessarily disgusting the palate and the stomach, when we wish only to act on the intestine, the blood, or the nervous system; and shall avail our-

selves more universally and more thoughtfully of the alkaloids and active principles of drugs. Granules of strychnine, aloine, aconitine, atropine, colchicine, morphine, digitaline, tasteless compressed quinine pills and potash pills, and capsulated ether, will furnish us with the needful therapeutic weapons.

When large doses of disagreeable drugs must be taken, there are usually little arts by which their taste can be concealed; Epsom salts, for instance. When, in a solution of 30 grammes of this salt in 300 grammes of water, 10 grammes of roasted and ground coffee is boiled, and the fluid filtered, the bitter taste is entirely taken away, and the fluid pleasant to take.

Economy, too, must come in for a share of attention. The enormous profits of the retail drug business are known to every physician; and so onerous does the cost of medicines fall upon the poor, that one of the strongest arguments, most successful in effect, used by homœopathists, is that they charge nothing for their medicines. The inferior and worthless drugs dispensed at most of the small shops throughout this country are a frequent cause of a well-founded distrust in therapeutics. A gentleman in Iowa has recently shown, by a vivid description of the town in which he resides, the general absence of any protection for patients in this respect.

The remedy will be that physicians will supply themselves more and more with preparations of standard houses, and dispense them themselves. Though such a course has met opposition in certain circles these last few years, we have always defended it, for we see in it the only remedy to a great and growing evil, which, if not checked, will stultify the best directed efforts of medical science.

THE IMPORTANCE OF REST.

At this season of the year, when the system is depressed by the intense heat, and the country is decked in its most attractive attire, it is an excellent custom to lay down the well-used tools of one's trade, and drink renewed health and life from rest and recreation.

We urge this upon those of our own profession who possibly can indulge in it. Unfortunately, just these months are generally, at least with our city brethren, the busiest of the year. Yet it is almost a duty for physicians to rest; a duty not merely or chiefly to themselves and their families, but to their patients, to suspend awhile this battle with

> "The day in his hotness,
> The strife for the palm."

The force of the argument for this has been well put by Sir HENRY HOLLAND, in his "Recollections." The following paragraph contains the gist of his theory as to the rest and recreation which a physician ought to take:—

"The period of my largest practice was from 1830 to 1848, at a time of life well fitted for active work, *i. e.*, between the ages of forty-two and sixty. The experience, however, of two or three severe epidemics during this period (those especially which have the unscientific name of influenza) showed me, in the heavy and unwholesome labors of a few weeks, the penalty I should have paid in health and comfort by seeking to maintain this full occupation throughout the year. It is, in truth, as important to the welfare of the patient as of the physician, that the mind of the latter should not be taxed and jaded by excess of work. The weariness of a long day brought to the bedside of a patient always impairs, more or less, what the highest professional skill and zeal can minister to his relief. The power of discrimination is lost or lessened, and practice too often passes into a hurried routine, unsatisfactory to the physician, and profitless to the patient. This fact, fully confirmed to me by experience, requires neither explanation nor comment. It expresses what is the natural and necessary limit of mental power, and the wisdom as well as moral rectitude of acquiescing in it. The physician in full practice, like the lawyer in similar case, pleads the impossibility of contracting his work. There may be loss and difficulty in doing it, but, with

a strenuous intention and a wise regard to the future, it can always be done."

The wisdom of this advice cannot be questioned.

And here let us say what the best rest is. Without doubt, it is the contemplation and study of Nature. She it is who heals and soothes the worn spirit and exhausted body.

Let the physician, in his vacation, shun the fashionable crowds and popular resorts, the excursions and sight-seeings so much in vogue, and, seeking some quiet locality, recall the botanical studies of his novitiate, or indulge his repressed longing for science; or, if nothing more, bury his thoughts in the contemplation of the "eternal youth of Nature" spread abroad everywhere, whether on the shore of the sounding sea, amid the inhospitable mountain valleys, or on the cultivated plains.

This preserves in man the power of enjoyment, and the possibility of a later retirement from business with comfort.

The habits of a life are not easily broken off, and a man who has been accustomed to continuous and anxious professional toil cannot suddenly give it up without risk to his health, and even life. Occupation becomes a necessity to such a man, but as age comes on he becomes less able to work. The result is that when he wishes to rest he cannot do so, and reaches the melancholy condition of Sir Astley Cooper, who, after retiring with great wealth from his lucrative practice, used to walk about his magnificent park, speculating on which tree he had better hang himself!

Notes and Comments.

Is Suicide a Sign of Insanity?

In the Superior Court at Baltimore, a verdict has been rendered against the Germania Life Insurance Company, of New York, for $2000, the amount of a policy on the life of Lewis Fallman, who committed suicide in 1871. It was held the company was liable if the jury found the deceased had killed himself in a fit of insanity.

Some companies hold it *a priori* evidence of insanity to commit suicide. Such a view is inconsistent with history and experience. Time was, when it was held an honorable thing to do, as witness the ancient Romans and the Japanese. It depends on theoretical views of life and death whether it is or is not a rational and sensible act under many circumstances. These considerations have never been more forcibly put than in Hamlet's famous soliloquy, commencing, "To be, or not to be."

Large Child.

Dr. A. De Foe, of McLeansboro, Illinois, writes to us that he recently delivered a lady in that town of a child (male) weighing 18 pounds. The mother is a primapara, of medium height, weighs 130 pounds, aged 24 years; dark complexion, black eyes and hair. Mother and child are doing well.

Correspondence.

Domestic.

What Shall We Do?

Eds. Medical and Surgical Reporter:

Physicians are certainly frequently perplexed to know just how to proceed in the matter of charging for professional services rendered ministers of the gospel and their families. As a consideration of the subject recently appeared in your columns, I feel encouraged to offer a few additional thoughts. Clergymen fill a high and worthy mission, are entitled to an appreciative consideration and general encouragement. The progress of the gospel plough should not be hindered. In a certain sense ministers, as a class, are a hard-working, self-sacrificing, devoted body of men. But, as a rule, ministers do not consider themselves under obligations to devote their time, expend their strength, and appropriate their best talents for the benefit of their fellow-creatures, without some fair pecuniary compensation. They very well understand that something more is required to keep soul and body together than faith and good works; the laborer is worthy of his hire!

Furthermore, ministers are *human*—men of like impulses and general characteristics as other men. They are not insensible to the advantages of ordinary, and even somewhat luxurious comforts; and some of them even seek to acquire an amount of "filthy

lucre" sufficient for the emergencies of the future "rainy day." To this we urge not the slightest objection; it is right in both practice and principle; but all that is right for the minister is also right for the physician. Let us compare the two professions.

It is sometimes claimed that ministers perform a great deal of charity work gratuitously; so do physicians. In this respect I believe that the physician is about as magnanimous as the minister. Is there any reason that he should be more so?

Ministers seldom take charge of congregations without a preliminary stipulation of the amount of salary they shall receive, and at what periods the instalments will be paid in; it is an extraordinary event for physicians to exact such a negotiation before taking charge of patients.

It is said ministers are often poorly paid; this is indeed too true, but it is also just as true that often physicians are worse paid.

By common consent, ministers are favored by a reduction of prices in all their purchases; I have yet to learn of such considerate advantages being afforded physicians.

Again, ministers, like men of other professions, can be spoiled. Gratuities constantly bestowed, in time come to be looked upon as a mere matter of course. Beyond all contradiction, an element of selfishness is native to human nature.

A correspondent has suggested that some ministers seem to think the prestige their patronage gives the physician is ample compensation for the professional services of the latter. With equal justness and equal propriety should the physician claim the advantages of church-membership and a church-pew, without money and without price, on the ground of the prestige that his connection with the communion will afford the worthy reverend. There is neither morality nor justice in any such practice.

It has been said that some ministers abundantly able to pay would deem themselves insulted were the medical man to present a bill. All *such* ministers are sadly in need of being "reconstructed" in the orthodoxy of the golden rule, "*Do unto others as you would that they should do unto you.*"

Your correspondent affirmed that doubtless there are plenty of doctors who would jump at the chance of attending ministers' families for nothing. Well, let them jump! These men who jump so easy never constitute the class of really valuable men in any profession. Men of brains, studious, thinking, brain-working men, know the value of their toil, and, *as a rule* (due allowance being made in all proper exceptions), expect a fair compensation for their services.

All things considered, what shall we do? What would constitute a fair and just criterion by which we can gauge our charges to ministers? It is the practice of some railroad and steam passenger companies, I believe, to carry ministers at about "half price." Book, magazine, and other periodical publishers, furnish their ministerial patrons at about "half price." Booksellers, and merchants of all other classes, frequently make some reductions in price to ministers. Are the professional services of good physicians to ministers' families not, as a rule, worth "*half price?*" Should we be expected to sacrifice more than anybody else? For one, I cannot see it in such a light. Physicians are human, as well as other people. About four years ago I advocated the "half price" system before a local Medical Society in the interior of this State; it was adopted, and has worked well. Physicians, of course, have discretionary powers, and can make special deductions in exceptional cases; but, as a rule, let ministers be charged half the usual price for professional services rendered by the physician.

GEO. B. H. SWAYZE, M. D.,
1828 Columbia Avenue, Philad'a.
June 8th, 1872.

On Attending Clergymen's Families.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER for May 18, 1872, Dr. E. P. HURD asks, "Shall we attend the families of clergymen gratuitously?" If the minister is dependent alone upon his salary for support, I answer, *Yes*, as I believe it to be the duty of every one to contribute to the support of the ministry, and it may often happen that this is the only contribution that the poor physician is able to make. If, however, the minister is engaged in any secular business in connection with his preaching, then I say, "Charge, Chester, charge." Let me illustrate.

Some years ago I was called to attend the family of a minister who was at the same time engaged in teaching and farming. A time after the service was rendered he met my father, and showered ever so many compliments upon me. At the end of the year

I called upon him with my account made out at my regular rates, with a "credit by reduction," $——; "balance due," $——. He looked at the account, and thought it very high, and remarked that he had never been required to pay physicians' bills till he came West. I called his attention to the "credit" on his account, and told him that was for the *preacher*, but that I should expect the *teacher* to pay the balance. He not having the money at the time, I took his note bearing the ordinary rates of interest. I was never called to attend this preacher's family again.

Some months afterwards this same preacher volunteered to set the arm of a little boy who had a fracture of the radius and ulna. By accident I passed the house of the boy's father an hour afterwards, when I was halted by the father and requested to go in and see if the arm was "done up right." He said that parson S. assured him that it was, as he, the parson, had seen a great deal of surgery in the army, but that he, the father, would be better satisfied if I would go in and look at it. I found the arm with four rough unpadded board splints upon it, one anterior, one posterior, and two lateral, and extending from the wrist-joint to the elbow; the only bandage used was tied around outside the splints. When I took the dressing off I found that the fracture had not been reduced. This little boy would have lost the use of his arm but for my accidental passing of the house.

The point I wish to make by the recital of this case is this: Whilst we should do our duty towards preachers, they have a duty to perform towards us, viz., to stop their extensive recommendation and circulation of "patent medicines," and their promiscuous, gratuitous and dangerous practice of medicine and surgery. S. W. JONES, M. D.

Pine Bluffs, Ark., June 5th, 1872.

NEWS AND MISCELLANY.

The French Medical Congress.

Some weeks ago we announced that a Medical Congress will convene at Lyons, France, on September 18th next. It will last nine days. The following questions will be discussed, one on each day:

1st Question.—On Epidemics of Smallpox.

2d Question.—On Wounds by Firearms.

3d Question.—On Ambulances in time of War.

4th Question.—On the Cattle Disease, or Contagious Typhus, among large animals.

5th Question.—On the Causes of Depopulation in France, and the means of remedying it.

6th Question.—On the Treatment of Syphilis.

7th Question.—On the Reorganization of Instruction in Medicine and Pharmacy in France.

8th Question.—On the Practical Means of improving the Position of the Doctor, and of putting it in harmony with the importance of the *role* he is called on to fill in Society.

Foreign physicians are cordially invited to attend. Those who wish to do so should address, for full information, Dr. Prosser James, 18 Dover Street, Piccadilly, London.

Minutes of the American Medical Association.

The Minutes of the Twenty-third Annual Meeting of the American Medical Association are now ready. They form a neat octavo pamphlet of seventy-three pages. Price 50 cents. They can be obtained of the Permanent Secretary, Dr. WILLIAM B. ATKINSON, 1400 Pine street, Philadelphia.

Vital Statistics.

At a late meeting of the Virginia State Board of Health the following resolution was adopted:—

That a committee of three be appointed to prepare blanks and circulars for distribution among the physicians of the State, for the purpose of enlisting their aid in collecting vital statistics and sanitary information.

This is a good move.

Prof. D. HAYES AGNEW, of the University of Pennsylvania, will be absent in Europe until September next.

MARRIAGES.

BUTLER—LAWRENCE.—At the residence of the bride, in New York, June 13, by Rev. G. H. Houghton, D. D., Dr. George H. Butler and Henrietta Louisa Lawrence.

CHAMBERS—VAN ARSDALE.—In New York, June 13, at the residence of the bride's father, by Rev. Talbot W. Chambers, D. D., George A. Chambers, of Chicago, and Kate, daughter of Henry Van Arsdale, M. D., of that city.

DWIGHT—PORTER. — At Wilmington, Delaware, on the 6th inst., by Rev. Egbert C. Smyth, D D., J. Bradford Dwight, Esq., of Philadelphia, and Miss Tunia K., daughter of K. R. Porter, M. D., of Wilmington.

EATON—HOPKINS.—In Hartford, Vermont, June 7th, by Rev. Robert Southgate, Dr. Benjamin F. Eaton, of Hartford, and Miss Etta Hopkins, of Lawrence, Mass.

HANKS—GODFREY.—In Waverly, Mass., June 3d, by Rev. J. W. Turner, Horace Tracy Hanks, M. D., of New York, and Miss Julia Dana, daughter of the late Albert Godfrey, Esq., of Keene, N. H.

RUSSELL—MARVIN.—In Lancaster, N. H., June 11th, Dr. Frederick Russell, of Winchendon, Mass., and Miss Caroline E. Marvin.

WOODHOUSE—PECK.—On the 17th inst., in St. Peter's Church, by the Rev. William White Bronson, S. W. Woodhouse, M. D., and Sallie A. Peck, both of Philadelphia.

DEATHS.

BRADSHAW. — At Quakertown, Pa., on the 9th instant, Samuel C. Bradshaw, M. D., aged 63 years.

HARTT.—In New York, June 10, Jennie M., youngest child of Dr. H. Le Baron and the late Jennie M. Hartt, aged 1 year, 3 months, and 16 days.

HARVEY.—In New York, June 14, Mary, widow of Jacob Harvey, and daughter of the late David Hosack, M. D., in the 73d year of her age.

WOLFF.—At Plainfield, N. J., June 3, Edward Wolff, son of Dr. Henry Wolff, of Bonn, Prussia, aged 43 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 860.] PHILADELPHIA, JUNE 29, 1872. [Vol. XXVI.—No. 26.

Original Department.

Lecture.

"ANEURISMA AORTÆ."

[The following is a brief sketch of this subject from a collection of lectures published at Erlangen, November, 1871, by the late Prof. Oppolzer, Professor of Medicine at the University of Vienna, and translated by Dr. J. N. Blatner, of Berlin, for Prof. Vandeveer, of the Albany Medical College.]

Reported by T. D. Crothers, M. D.

(*Concluded from No. 798.*)

Diagnosis.

In diagnosis of aneurisms of the aorta in general, the first important thing to determine is the presence of a tumor which distinctly pulsates, is isochronous with the pulse, and which rises and sinks in pulsating, and expands in all directions. The latter is very important, for the differential diagnosis between a tumor or aneurism lying near an artery can thus be confirmed. If a tumor has its seat above an artery it receives the impulse from the artery, *i. e.*, the tumor alternately rises and sinks, and many such tumors have been taken for aneurisms. The circumstance that the width of the tumor does not increase would aid us in not mistaking it.

Similar symptoms of rising and falling are seen where portions of the lungs are infiltrated, or when an encapsuled pleuritic effusion lies upon the aorta. In the same way we would distinguish such pulsations from those caused by aneurisms coming from the aorta, or of the subclavian artery. Another symptom is to be noted, *i. e.*, that the pulsation as regards our senses is isochronous with the systole of the heart. This symptom is of the utmost importance where we wish to establish a differential diagnosis between an aneurism and a tumor, which, like an aneurism, expands in all directions, and might, therefore, be taken for an aneurism, but are merely large neoplasms supplied with many and large blood vessels, and therefore pulsate.

A mistaken diagnosis may be easily made if the tumor occupies a position where aneurisms are frequently found. In such cases it is important to note whether the pulsation of the tumor is isochronous with the systole of the heart, or whether it takes place later. If the tumor is aneurismal, the pulsation is isochronous with the systole of the heart, but if the tumor is no aneurism, but a vascular neoplasm, then the pulsation of the same will show a retardation, since the blood, after more or less indirect course, reaches the neoplasms. The circumstance that upon auscultation we hear a bellows murmur can be of no great diagnostic importance, since this is caused by compression of the aorta lying below, or by a non-aneurismal mediastinal tumor, and is not heard very often in aneurismal tumors.

Difficult, and often impossible, is the diagnosis of an aneurism of the aorta in those cases in which it has either a hidden position, or because it has not yet attained any great size. In some cases of thoracic aneurism there is sometimes a circumscribed portion of the thorax which shows dullness on percussion. This may be wanting on one side, when the aneurism does not lie closely on the thorax, or dullness may be produced by a mediastinal tumor, or by the properties of the sternum. Another fact:

Dr. W. J. Langfitt, Beaver Co.; Dr. Wm. Anderson, Indiana Co.

Censors—Sixth District.—Dr. W. M. Wallace, Erie Co.; Dr. S. M. Ross, Mercer Co.; Dr. S. G. Snowden, Venango Co.; Dr. J. C. Cotton, Crawford Co.; Dr. James Ross, Clarion Co.

Place of Meeting.—Carlisle.

Committee of Arrangements.—Dr. S. B. Kieffer, Cumberland Co.; Dr. J. J. Zitzer, do.; Dr. S. P. Ziegler, do.; Dr. Henry Mower, do.; Dr. W. W. Dale, do.

Committee of Publication.—Dr. Wm. B. Atkinson, Chairman, Philadelphia; Dr L.. S. Bolles, do.; Dr. A. H. Fish, do.; Dr. R. J. Dunglison, do.; Dr. Benj. Lee, do.; Dr. T. M. Drysdale, do.; Dr. F. F. Davis, Venango Co.

Delegates to the New Jersey Medical Society.—Dr. J. P. Edge, Delaware Co.; Dr. John Curwen, Dauphin Co.; Dr. F. J. Buck, Philadelphia.

Delegates to the New York State Medical Society.—Dr. R. H. Ely, Bradford Co.; Dr. Geo. W. Barr, Crawford Co.; Dr. J. S. Eshleman, Philadelphia.

Delegates to the Ohio State Medical Society.—Dr. J. L. Stewart, Erie Co.; Dr. Wm. Varian, Crawford Co.; Dr. J. L. Crawford, Indiana Co.

Delegates to the Delaware State Medical Society.—Dr. J. F. M. Forwood, Delaware Co.; Dr. W. W. Dale, Cumberland Co.; Dr. W. Worthington, Chester Co.

Delegates to the West Virginia Medical Society.—Dr. T. M. Shaw, Allegheny Co.; Dr. F. P. Scott, Washington Co.; Dr. B. F. Conklin, Fayette Co.

Time of Meeting.—Second Wednesday of June, 1873.

On motion, the report was received and the officers thus named unanimously elected.

On motion of Dr. Ross, Dr. Axtell, of Georgetown, was invited to a seat with the Society.

On motion of Dr. W. M. Wallace, of Erie, it was

Resolved, That the Committee on Registration be requested to present the draft of the bill on Registration to the coming session of the Legislature, with a memorial advising its enactment.

The President appointed Dr. D. Leasure, of Allegheny, to prepare the address on Practice of Medicine; Dr. Wm. Goodell, of Philadelphia, that on Obstetrics, and Dr. John L. Atlee, of Lancaster, that on Surgery, for 1873.

Dr. Washington L. Atlee, of Philadelphia, then exhibited an ovarian tumor, and explained its peculiarities, etc.

Remarks on the same subject were made by Dr. John L. Atlee, of Lancaster.

On motion of Dr. F. J. Buck, inasmuch as Dr. A. M. Pollock was too ill to present his address on Surgery, the paper was referred to the Committee of Publication.

On motion of Dr. F. F. Davis, of Venango, the thanks of the Society were presented to Dr. Atlee for his interesting lecture on Ovarian Tumors.

On motion of Dr. B. Gillett, of Venango, it was

Resolved, That the thanks of the Pennsylvania State Medical Society are specially due, and are hereby tendered to the officers of the Allegheny Valley, Oil Creek and Allegheny River, Jamestown and Franklin, and to the Atlantic and Great Western Railroads for giving commutation of fare to the delegates and members of the State Society in attending the annual session held in Franklin; and also to the Commissioners of Venango County for the use of the Court House.

On motion of Ds. J. L. Stewart, of Erie, it was unanimously

Resolved, That the sincere thanks of this Society are hereby returned to Dr. A. H. Fish, late Treasurer, for the efficient and faithful manner in which he has managed the finances of the Society during his term of office; and that the regrets of the Society are also expressed at the unavoidable loss of his valuable services.

On motion, the Society adjourned until Friday at 8 A. M.

FRIDAY.

8 A. M. Vice President Dr. H. De La Cossett in the chair.

The minutes of the session of Thursday afternoon were read and approved.

Dr. E. P. Allen, of Bradford, presented the following report, as delegate to the New York State Medical Society.

To the President, Officers and Members of the Medical Society of the State of Pennsylvania:—

The undersigned, delegate of this Society to the Medical Society of the State of New York, would most respectfully say, that he visited the Society which met in Albany on the first Tuesday in February last, and continued its session three days. We were introduced to the Society, and invited to participate in their deliberations. The meeting was well attended, and a large number of able and interesting papers read and listened to with great interest. Very little time of the Society was occupied in the transaction of legislative business, thus giving a greater amount of time to the reading and discussing of subjects pertaining to the literature of the profession. In this respect your delegate thought our Society would do well to imitate.

One or two attempts were made by a few members who seemed to feel very charitable towards irregular practitioners, to extend the courtesies of the profession to them, which were promptly disposed of in a creditable manner to the profession.

We take pleasure in saying that it has been our good fortune to have met this Society on two other occasions of their annual meeting, and noticed an increased zeal in the cultivation and promotion of our profession.

E. P. ALLEN.

The President, Dr. J. S. Crawford, now entered and assumed his office.

The President appointed Drs. H. De La Cossett and B. Gillett to conduct the First Vice President, Dr. W. L. Atlee, to the chair, the President elect, Dr. A. M. Pollock, being still too ill to be present. Dr. Atlee, on taking the chair, made a few appropriate remarks, and was followed by Dr. R. Crawford, Second Vice President.

The minutes were then read and approved.

On motion, the Society adjourned to meet at Carlisle, on the second Wednesday of June, 1873, at 11 A. M.

EDITORIAL DEPARTMENT.

PERISCOPE.

Healing of Wounds and Ulcers by a New Method.

Dr. JAMES BRAITHWAITE, M. D., Leeds, Editor of *Braithwaite's Annual Retrospect of Medicine and Surgery*, writes to the *British Medical Journal*:—

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Dr. W. J. Langfitt, Beaver Co.; Dr. Wm. Anderson, Indiana Co.

Censors—Sixth District.—Dr. W. M. Wallace, Erie Co.; Dr. S. M. Ross, Mercer Co.; Dr. S. G. Snowden, Venango Co.; Dr. J. C. Cotton, Crawford Co.; Dr. James Ross, Clarion Co.

Place of Meeting.—Carlisle.

Committee of Arrangements.—Dr. S. B. Kieffer, Cumberland Co.; Dr. J. J. Zitzer, do.; Dr. S. P. Ziegler, do.; Dr. Henry Mower, do.; Dr. W. W. Dale, do.

Committee of Publication.—Dr. Wm. B. Atkinson, Chairman, Philadelphia; Dr L.. S. Bolles, do.; Dr. A. H. Fish, do.; Dr. R. J. Dunglison, do.; Dr. Benj. Lee, do.; Dr. T. M. Drysdale, do.; Dr. F. F. Davis, Venango Co.

Delegates to the New Jersey Medical Society.—Dr. J. P. Edge, Delaware Co.; Dr. John Curwen, Dauphin Co.; Dr. F. J. Buck, Philadelphia.

Delegates to the New York State Medical Society.—Dr. R. H. Ely, Bradford Co.; Dr. Geo. W. Barr, Crawford Co.; Dr. J. S. Eshleman, Philadelphia.

Delegates to the Ohio State Medical Society.—Dr. J. L. Stewart, Erie Co.; Dr. Wm. Varian, Crawford Co.; Dr. J. L. Crawford, Indiana Co.

Delegates to the Delaware State Medical Society.—Dr. J. F. M. Forwood, Delaware Co.; Dr. W. W. Dale, Cumberland Co.; Dr. W. Worthington, Chester Co.

Delegates to the West Virginia Medical Society.—Dr. T. M. Shaw, Allegheny Co.; Dr. F. P. Scott, Washington Co.; Dr. B. F. Conklin, Fayette Co.

Time of Meeting.—Second Wednesday of June, 1873.

On motion, the report was received and the officers thus named unanimously elected.

On motion of Dr. Ross, Dr. Axtell, of Georgetown, was invited to a seat with the Society.

On motion of Dr. W. M. Wallace, of Erie, it was

Resolved, That the Committee on Registration be requested to present the draft of the bill on Registration to the coming session of the Legislature, with a memorial advising its enactment.

The President appointed Dr. D. Leasure, of Allegheny, to prepare the address on Practice of Medicine; Dr. Wm. Goodell, of Philadelphia, that on Obstetrics, and Dr. John L. Atlee, of Lancaster, that on Surgery, for 1873.

Dr. Washington L. Atlee, of Philadelphia, then exhibited an ovarian tumor, and explained its peculiarities, etc.

Remarks on the same subject were made by Dr. John L. Atlee, of Lancaster.

On motion of Dr. F. J. Buck, inasmuch as Dr. A. M. Pollock was too ill to present his address on Surgery, the paper was referred to the Committee of Publicatfon.

On motion of Dr. F. F. Davis, of Venango, the thanks of the Society were presented to Dr. Atlee for his interesting lecture on Ovarian Tumors.

On motion of Dr. B. Gillett, of Venango, it was

Resolved, That the thanks of the Pennsylvania State Medical Society are specially due, and are hereby tendered to the officers of the Allegheny Valley, Oil Creek and Allegheny River, Jamestown and Franklin, and to the Atlantic and Great Western Railroads for giving commutation of fare to the delegates and members of the State Society in attending the annual session held in Franklin; and also to the Commissioners of Venango County for the use of the Court House.

On motion of Ds. J. L. Stewart, of Erie, it was unanimously

Resolved, That the sincere thanks of this Society are hereby returned to Dr. A. H. Fish, late Treasurer, for the efficient and faithful manner in which he has managed the finances of the Society during his term of office; and that the regrets of the Society are also expressed at the unavoidable loss of his valuable services.

On motion, the Society adjourned until Friday at 8 A. M.

FRIDAY.

8 A. M. Vice President Dr. H. De La Cossett in the chair.

The minutes of the session of Thursday afternoon were read and approved.

Dr. E. P. Allen, of Bradford, presented the following report, as delegate to the New York State Medical Society.

To the President, Officers and Members of the Medical Society of the State of Pennsylvania:—

The undersigned, delegate of this Society to the Medical Society of the State of New York, would most respectfully say, that he visited the Society which met in Albany on the first Tuesday in February last, and continued its session three days. We were introduced to the Society, and invited to participate in their deliberations. The meeting was well attended, and a large number of able and interesting papers read and listened to with great interest. Very little time of the Society was occupied in the transaction of legislative business, thus giving a greater amount of time to the reading and discussing of subjects pertaining to the literature of the profession. In this respect your delegate thought our Society would do well to imitate.

One or two attempts were made by a few members who seemed to feel very charitable towards irregular practitioners, to extend the courtesies of the profession to them, which were promptly disposed of in a creditable manner to the profession.

We take pleasure in saying that it has been our good fortune to have met this Society on two other occasions of their annual meeting, and noticed an increased zeal in the cultivation and promotion of our profession. E. P. ALLEN.

The President, Dr. J. S. Crawford, now entered and assumed his office.

The President appointed Drs. H. De La Cossett and B. Gillett to conduct the First Vice President, Dr. W. L. Atlee, to the chair, the President elect, Dr. A. M. Pollock, being still too ill to be present. Dr. Atlee, on taking the chair, made a few appropriate remarks, and was followed by Dr. R. Crawford, Second Vice President.

The minutes were then read and approved.

On motion, the Society adjourned to meet at Carlisle, on the second Wednesday of June, 1873, at 11 A. M.

EDITORIAL DEPARTMENT.

PERISCOPE.

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MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 22, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

☞ Quite too many of our subscribers, many of them old, personal friends, are in arrears on their subscriptions, aggregating a large amount of money that we ought to have in order to a vigorous prosecution of our enterprise. These parties are requested to settle their accounts immediately, or at least communicate with us at once—for, instead of at present further enlarging our edition to accommodate new subscribers, we shall resort to the expedient of dropping the unprofitable ones, and putting their bills into the hands of a collector. * * * *

ABOUT PRESCRIBING.

We are not well satisfied with the art of prescribing as it now exists. We do but chronicle a rapidly growing opinion when we say that it is very much behindhand, and far from on a level with the other ancillary arts of medicine.

The faults which are justly to be found with it are various. In the first place, why use an obsolete language, which neither they who write nor they who dispense understand? The shallow and frivolous objections to dropping Latin in prescription writing have been refuted and exposed more than once in these pages. All our readers understand that we don't advocate using the vulgar and ambiguous names of articles, but their scientific appellations, only *in English*, and not with incorrect and affected Latin terminology.

To begin at the root of the evil, why should the "officinal" nomenclature be kept apart and different from the scientific nomenclature? Many a substance is known in the dispensatories and pharmacopœias by a designation which is neither its correct chemical or botanical name, nor yet its vernacular one, but merely a relic of a past age of ignorance, *e. g.*, calamina, santalum, etc.

Again, in writing prescriptions, no sort of discretion is used by most physicians to choose those combinations which are at once pleasing to the eye, agreeable to the palate, easily swallowed, acceptable to the stomach, and economical to the purse. We are altogether of the opinion of a recent medical writer who asserts the conviction that, in the course of no long series of years, our successors in practice will look back upon the prevalent mixtures and pastes of our day with something of the same horror and contempt that we regard the yet more filthy compounds of past years.

The notion that medicine ought to be strong and nasty has passed away. The opinion that it may properly be so, and that there is no need to be fastidious in the selection of concentrated and tasteless alkaloids, rather than of insoluble powders or bulky infusions, still prevails. Decoctions of bark with ammonia, infusions of digitalis, mixtures of copaiba, horrible aperient draughts, nauseous iron mixtures, are still but too common. In a quickly coming day we shall desist from unnecessarily disgusting the palate and the stomach, when we wish only to act on the intestine, the blood, or the nervous system; and shall avail our-

selves more universally and more thoughtfully of the alkaloids and active principles of drugs. Granules of strychnine, aloine, aconitine, atropine, colchicine, morphine, digitaline, tasteless compressed quinine pills and potash pills, and capsulated ether, will furnish us with the needful therapeutic weapons.

When large doses of disagreeable drugs must be taken, there are usually little arts by which their taste can be concealed; Epsom salts, for instance. When, in a solution of 30 grammes of this salt in 300 grammes of water, 10 grammes of roasted and ground coffee is boiled, and the fluid filtered, the bitter taste is entirely taken away, and the fluid pleasant to take.

Economy, too, must come in for a share of attention. The enormous profits of the retail drug business are known to every physician; and so onerous does the cost of medicines fall upon the poor, that one of the strongest arguments, most successful in effect, used by homœopathists, is that they charge nothing for their medicines. The inferior and worthless drugs dispensed at most of the small shops throughout this country are a frequent cause of a well-founded distrust in therapeutics. A gentleman in Iowa has recently shown, by a vivid description of the town in which he resides, the general absence of any protection for patients in this respect.

The remedy will be that physicians will supply themselves more and more with preparations of standard houses, and dispense them themselves. Though such a course has met opposition in certain circles these last few years, we have always defended it, for we see in it the only remedy to a great and growing evil, which, if not checked, will stultify the best directed efforts of medical science.

THE IMPORTANCE OF REST.

At this season of the year, when the system is depressed by the intense heat, and the country is decked in its most attractive attire, it is an excellent custom to lay down the well-used tools of one's trade, and drink renewed health and life from rest and recreation.

We urge this upon those of our own profession who possibly can indulge in it. Unfortunately, just these months are generally, at least with our city brethren, the busiest of the year. Yet it is almost a duty for physicians to rest; a duty not merely or chiefly to themselves and their families, but to their patients, to suspend awhile this battle with

> "The day in his hotness,
> The strife for the palm."

The force of the argument for this has been well put by Sir HENRY HOLLAND, in his "Recollections." The following paragraph contains the gist of his theory as to the rest and recreation which a physician ought to take:—

"The period of my largest practice was from 1830 to 1848, at a time of life well fitted for active work, *i. e.*, between the ages of forty-two and sixty. The experience, however, of two or three severe epidemics during this period (those especially which have the unscientific name of influenza) showed me, in the heavy and unwholesome labors of a few weeks, the penalty I should have paid in health and comfort by seeking to maintain this full occupation throughout the year. It is, in truth, as important to the welfare of the patient as of the physician, that the mind of the latter should not be taxed and jaded by excess of work. The weariness of a long day brought to the bedside of a patient always impairs, more or less, what the highest professional skill and zeal can minister to his relief. The power of discrimination is lost or lessened, and practice too often passes into a hurried routine, unsatisfactory to the physician, and profitless to the patient. This fact, fully confirmed to me by experience, requires neither explanation nor comment. It expresses what is the natural and necessary limit of mental power, and the wisdom as well as moral rectitude of acquiescing in it. The physician in full practice, like the lawyer in similar case, pleads the impossibility of contracting his work. There may be loss and difficulty in doing it, but, with

a strenuous intention and a wise regard to the future, it can always be done."

The wisdom of this advice cannot be questioned.

And here let us say what the best rest is. Without doubt, it is the contemplation and study of Nature. She it is who heals and soothes the worn spirit and exhausted body.

Let the physician, in his vacation, shun the fashionable crowds and popular resorts, the excursions and sight-seeings so much in vogue, and, seeking some quiet locality, recall the botanical studies of his novitiate, or indulge his repressed longing for science; or, if nothing more, bury his thoughts in the contemplation of the "eternal youth of Nature" spread abroad everywhere, whether on the shore of the sounding sea, amid the inhospitable mountain valleys, or on the cultivated plains.

This preserves in man the power of enjoyment, and the possibility of a later retirement from business with comfort.

The habits of a life are not easily broken off, and a man who has been accustomed to continuous and anxious professional toil cannot suddenly give it up without risk to his health, and even life. Occupation becomes a necessity to such a man, but as age comes on he becomes less able to work. The result is that when he wishes to rest he cannot do so, and reaches the melancholy condition of Sir Astley Cooper, who, after retiring with great wealth from his lucrative practice, used to walk about his magnificent park, speculating on which tree he had better hang himself!

Notes and Comments.

Is Suicide a Sign of Insanity?

In the Superior Court at Baltimore, a verdict has been rendered against the Germania Life Insurance Company, of New York, for $2000, the amount of a policy on the life of Lewis Fallman, who committed suicide in 1871. It was held the company was liable if the jury found the deceased had killed himself in a fit of insanity.

Some companies hold it *a priori* evidence of insanity to commit suicide. Such a view is inconsistent with history and experience. Time was, when it was held an honorable thing to do, as witness the ancient Romans and the Japanese. It depends on theoretical views of life and death whether it is or is not a rational and sensible act under many circumstances. These considerations have never been more forcibly put than in Hamlet's famous soliloquy, commencing, "To be, or not to be."

Large Child.

Dr. A. De Foe, of McLeansboro, Illinois, writes to us that he recently delivered a lady in that town of a child (male) weighing 18 pounds. The mother is a primapara, of medium height, weighs 130 pounds, aged 24 years; dark complexion, black eyes and hair. Mother and child are doing well.

Correspondence.

DOMESTIC.

What Shall We Do?

Eds. Medical and Surgical Reporter:

Physicians are certainly frequently perplexed to know just how to proceed in the matter of charging for professional services rendered ministers of the gospel and their families. As a consideration of the subject recently appeared in your columns, I feel encouraged to offer a few additional thoughts. Clergymen fill a high and worthy mission, are entitled to an appreciative consideration and general encouragement. The progress of the gospel plough should not be hindered. In a certain sense ministers, as a class, are a hard-working, self-sacrificing, devoted body of men. But, as a rule, ministers do not consider themselves under obligations to devote their time, expend their strength, and appropriate their best talents for the benefit of their fellow-creatures, without some fair pecuniary compensation. They very well understand that something more is required to keep soul and body together than faith and good works; the laborer is worthy of his hire!

Furthermore, ministers are *human*—men of like impulses and general characteristics as other men. They are not insensible to the advantages of ordinary, and even somewhat luxurious comforts; and some of them even seek to acquire an amount of "filthy

lucre" sufficient for the emergencies of the future "rainy day." To this we urge not the slightest objection; it is right in both practice and principle; but all that is right for the minister is also right for the physician. Let us compare the two professions.

It is sometimes claimed that ministers perform a great deal of charity work gratuitously; so do physicians. In this respect I believe that the physician is about as magnanimous as the minister. Is there any reason that he should be more so?

Ministers seldom take charge of congregations without a preliminary stipulation of the amount of salary they shall receive, and at what periods the instalments will be paid in; it is an extraordinary event for physicians to exact such a negotiation before taking charge of patients.

It is said ministers are often poorly paid; this is indeed too true, but it is also just as true that often physicians are worse paid.

By common consent, ministers are favored by a reduction of prices in all their purchases; I have yet to learn of such considerate advantages being afforded physicians.

Again, ministers, like men of other professions, can be spoiled. Gratuities constantly bestowed, in time come to be looked upon as a mere matter of course. Beyond all contradiction, an element of selfishness is native to human nature.

A correspondent has suggested that some ministers seem to think the prestige their patronage gives the physician is ample compensation for the professional services of the latter. With equal justness and equal propriety should the physician claim the advantages of church-membership and a church-pew, without money and without price, on the ground of the prestige that his connection with the communion will afford the worthy reverend. There is neither morality nor justice in any such practice.

It has been said that some ministers abundantly able to pay would deem themselves insulted were the medical man to present a bill. All *such* ministers are sadly in need of being "reconstructed" in the orthodoxy of the golden rule, "*Do unto others as you would that they should do unto you.*"

Your correspondent affirmed that doubtless there are plenty of doctors who would jump at the chance of attending ministers' families for nothing. Well, let them jump! These men who jump so easy never constitute the class of really valuable men in any profession. Men of brains, studious, thinking, brain-working men, know the value of their toil, and, *as a rule* (due allowance being made in all proper exceptions), expect a fair compensation for their services.

All things considered, what shall we do? What would constitute a fair and just criterion by which we can gauge our charges to ministers? It is the practice of some railroad and steam passenger companies, I believe, to carry ministers at about "half price." Book, magazine, and other periodical publishers, furnish their ministerial patrons at about "half price." Booksellers, and merchants of all other classes, frequently make some reductions in price to ministers. Are the professional services of good physicians to ministers' families not, as a rule, worth "*half price?*" Should we be expected to sacrifice more than anybody else? For one, I cannot see it in such a light. Physicians are human, as well as other people. About four years ago I advocated the "half price" system before a local Medical Society in the interior of this State; it was adopted, and has worked well. Physicians, of course, have discretionary powers, and can make special deductions in exceptional cases; but, as a rule, let ministers be charged half the usual price for professional services rendered by the physician.

GEO. B. H. SWAYZE, M. D.,
1828 Columbia Avenue, Philad'a.

June 8th, 1872.

On Attending Clergymen's Families.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER for May 18, 1872, Dr. E. P. HURD asks, "Shall we attend the families of clergymen gratuitously?" If the minister is dependent alone upon his salary for support, I answer, *Yes*, as I believe it to be the duty of every one to contribute to the support of the ministry, and it may often happen that this is the only contribution that the poor physician is able to make. If, however, the minister is engaged in any secular business in connection with his preaching, then I say, "Charge, Chester, charge." Let me illustrate.

Some years ago I was called to attend the family of a minister who was at the same time engaged in teaching and farming. A time after the service was rendered he met my father, and showered ever so many compliments upon me. At the end of the year

I called upon him with my account made out at my regular rates, with a "credit by reduction," $——; "balance due," $——. He looked at the account, and thought it very high, and remarked that he had never been required to pay physicians' bills till he came West. I called his attention to the "credit" on his account, and told him that was for the *preacher*, but that I should expect the *teacher* to pay the balance. He not having the money at the time, I took his note bearing the ordinary rate of interest. I was never called to attend this preacher's family again.

Some months afterwards this same preacher volunteered to set the arm of a little boy who had a fracture of the radius and ulna. By accident I passed the house of the boy's father an hour afterwards, when I was halted by the father and requested to go in and see if the arm was "done up right." He said that parson S. assured him that it was, as he, the parson, had seen a great deal of surgery in the army, but that he, the father, would be better satisfied if I would go in and look at it. I found the arm with four rough unpadded board splints upon it, one anterior, one posterior, and two lateral, and extending from the wrist-joint to the elbow; the only bandage used was tied around outside the splints. When I took the dressing off I found that the fracture had not been reduced. This little boy would have lost the use of his arm but for my accidental passing of the house.

The point I wish to make by the recital of this case is this: Whilst we should do our duty towards preachers, they have a duty to perform towards us, viz., to stop their extensive recommendation and circulation of "patent medicines," and their promiscuous, gratuitous and dangerous practice of medicine and surgery. S. W. JONES, M. D.

Pine Bluffs, Ark., June 5th, 1872.

NEWS AND MISCELLANY.

The French Medical Congress.

Some weeks ago we announced that a Medical Congress will convene at Lyons, France, on September 18th next. It will last nine days. The following questions will be discussed, one on each day:

1st Question.—On Epidemics of Smallpox.

2d Question.—On Wounds by Firearms.

3d Question.—On Ambulances in time of War.

4th Question.—On the Cattle Disease, or Contagious Typhus, among large animals.

5th Question.—On the Causes of Depopulation in France, and the means of remedying it.

6th Question.—On the Treatment of Syphilis.

7th Question.—On the Reorganization of Instruction in Medicine and Pharmacy in France.

8th Question.—On the Practical Means of improving the Position of the Doctor, and of putting it in harmony with the importance of the *role* he is called on to fill in Society.

Foreign physicians are cordially invited to attend. Those who wish to do so should address, for full information, Dr. Prosser James, 18 Dover Street, Piccadilly, London.

Minutes of the American Medical Association.

The Minutes of the Twenty-third Annual Meeting of the American Medical Association are now ready. They form a neat octavo pamphlet of seventy-three pages. Price 50 cents. They can be obtained of the Permanent Secretary, Dr. WILLIAM B. ATKINSON, 1400 Pine street, Philadelphia.

Vital Statistics.

At a late meeting of the Virginia State Board of Health the following resolution was adopted:—

That a committee of three be appointed to prepare blanks and circulars for distribution among the physicians of the State, for the purpose of enlisting their aid in collecting vital statistics and sanitary information.

This is a good move.

Prof. D. HAYES AGNEW, of the University of Pennsylvania, will be absent in Europe until September next.

MARRIAGES.

BUTLER—LAWRENCE.—At the residence of the bride, in New York, June 13, by Rev. G. H. Houghton, D. D., Dr. George H. Butler and Henrietta Louisa Lawrence.

CHAMBERS—VAN ARSDALE.—In New York, June 13, at the residence of the bride's father, by Rev. Talbot W. Chambers, D. D., George A. Chambers, of Chicago, and Kate, daughter of Henry Van Arsdale, M. D., of that city.

DWIGHT—PORTER. — At Wilmington, Delaware, on the 6th inst., by Rev. Egbert C. Smyth, D D., J. Bradford Dwight, Esq., of Philadelphia, and Miss Tunia K., daughter of H. R. Porter, M. D., of Wilmington.

EATON—HOPKINS.—In Hartford, Vermont, June 7th, by Rev. Robert Southgate, Dr. Benjamin F. Eaton, of Hartford, and Miss Etta Hopkins, of Lawrence, Mass.

HANKS—GODFREY.—In Waverly, Mass., June 3d, by Rev. J. W. Turner, Horace Tracy Hanks, M. D., of New York, and Miss Julia Dana, daughter of the late Albert Godfrey, Esq., of Keene, N. H.

RUSSELL—MARVIN.—In Lancaster, N. H., June 11th, Dr. Frederick Russell, of Winchendon, Mass., and Miss Caroline E. Marvin.

WOODHOUSE—PECK.—On the 17th inst., in St. Peter's Church, by the Rev. William White Bronson, S. W. Woodhouse, M. D., and Sallie A. Peck, both of Philadelphia.

DEATHS.

BRADSHAW. — At Quakertown, Pa., on the 9th instant, Samuel C. Bradshaw, M. D., aged 63 years.

HARTT.—In New York, June 10, Jennie M., youngest child of Dr. H. Le Baron and the late Jennie M. Hartt, aged 1 year, 8 months, and 16 days.

HARVEY.—In New York, June 14, Mary, widow of Jacob Harvey, and daughter of the late David Hosack, M. D., in the 73d year of her age.

WOLFF.—At Plainfield, N. J., June 3, Edward Wolff, son of Dr. Henry Wolff, of Bonn, Prussia, aged 43 years.

THE

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ORIGINAL DEPARTMENT.

LECTURE.

"ANEURISMA AORTÆ."

[The following is a brief sketch of this subject from a collection of lectures published at Erlangen, November, 1871, by the late Prof. OPPOLZER, Professor of Medicine at the University of Vienna, and translated by Dr. J. N. BLATNER, of Berlin, for Prof. VANDEVERE, of the Albany Medical College.]

Reported by T. D. CROTHERS, M. D.

(*Concluded from No. 799.*)

DIAGNOSIS.

In diagnosis of aneurisms of the aorta in general, the first important thing to determine is the presence of a tumor which distinctly pulsates, is isochronous with the pulse, and which rises and sinks in pulsating, and expands in all directions. The latter is very important, for the differential diagnosis between a tumor or aneurism lying near an artery can thus be confirmed. If a tumor has its seat above an artery it receives the impulse from the artery, *i. e.*, the tumor alternately rises and sinks, and many such tumors have been taken for aneurisms. The circumstance that the width of the tumor does not increase would aid us in not mistaking it.

Similar symptoms of rising and falling are seen where portions of the lungs are infiltrated, or when an encapsuled pleuritic effusion lies upon the aorta. In the same way we would distinguish such pulsations from those caused by aneurisms coming from the aorta, or of the subclavian artery. Another symptom is to be noted, *i. e.*, that the pulsation as regards our senses is isochronous with the systole of the heart. This symptom is of the utmost importance where we wish to establish a differential diagnosis between an aneurism and a tumor, which, like an aneurism, expands in all directions, and might, therefore, be taken for an aneurism, but are merely large neoplasms supplied with many and large blood vessels, and therefore pulsate.

A mistaken diagnosis may be easily made if the tumor occupies a position where aneurisms are frequently found. In such cases it is important to note whether the pulsation of the tumor is isochronous with the systole of the heart, or whether it takes place later. If the tumor is aneurismal, the pulsation is isochronous with the systole of the heart, but if the tumor is no aneurism, but a vascular neoplasm, then the pulsation of the same will show a retardation, since the blood, after more or less indirect course, reaches the neoplasms. The circumstance that upon auscultation we hear a bellows murmur can be of no great diagnostic importance, since this is caused by compression of the aorta lying below, or by a non-aneurismal mediastinal tumor, and is not heard very often in aneurismal tumors.

Difficult, and often impossible, is the diagnosis of an aneurism of the aorta in those cases in which it has either a hidden position, or because it has not yet attained any great size. In some cases of thoracic aneurism there is sometimes a circumscribed portion of the thorax which shows dullness on percussion. This may be wanting on one side, when the aneurism does not lie closely on the thorax, or dullness may be produced by a mediastinal tumor, or by the properties of the sternum. Another fact:

when the dullness is found next to the sternum, and cannot be separated from the dull sound which the heart gives on percussion, it can give no certainty of the presence of an aneurism. If such physical signs are found with aneurisms, they are also seen with any mediastinal tumor. As to retardation of the pulse in comparison with the systole of the heart, the same has only a relative worth in the diagnosis of an aneurism of the aorta.

It is generally correct that in most cases of aneurisms of the aorta the pulse in the radial and crural arteries shows a greater or lesser retardation in comparison with the pulsation of the heart, but these symptoms may be wanting. Finally, the retardation of the pulse is also a symptom of the atheromatous process. It would, therefore, be first necessary to exclude the presence of the so-called deposition of fibrinous process before we could characterize the retardation of the pulse as a symptom of aneurism of the aorta. But this, as a rule, is seldom possible, for, as we have seen, the atheromatous process gives the most important etiological phase of the aneurism. This condition is developed more or less in every case. An equally critical diagnosis is demanded where there is a noticeable difference in the pulsation of both radial arterial pulses. This is noticed in aneurisms, and also may be caused by the atheromatous process having attacked only one extremity, while the other has remained normal.

Dissimilarity of pulses in both radial arteries can only be of diagnostic value when the atheromatous process of the vascular system is not present. The diagnostic value of symptoms of pressure is regarded as only secondary, since a mediastinal tumor can offer the same symptoms by pressure on the neighboring organs, and this symptom may be wanting, because the aneurism is small or the position of the patient does not bring it on. Therefore we can have but one characteristic symptom of aneurism which can be relied upon, namely, *a tumor which pulsates isochronous with the systole of the heart, and which shows during pulsation an enlargement in all directions.* From this it will be seen that a small thoracic or abdominal tumor gives no positive symptoms that will enable us to diagnosticate it. If we should find, in a special case, an aneurism of the aorta present, then we should find which portion is affected, and the difference of time in the pulses, compared with each other, with the anatomical position, etc.

Special Diagnosis of Aneurism of the Aorta.

The diagnosis of this affection is supported by the following symptoms:—A pulsating tumor on the right side of the sternum, about the height of the third or second sterno-costal cartilage, pulsation of the tumor towards the left side, retardation of all arterial pulses in comparison with the systole of the heart. It is to be observed, however, that although in most cases the pulsating tumor is situated on the right side of the sternum, because the aneurisms generally have their seat on the convexity of the aorta, still, it exceptionally happens that an aneurism originates on the concave side of the aorta, and then the pulsating tumor would be found on the left border of the sternum. Whether the tumor is situated within or without the pericardium, is determined by the height of the position. If the tumor is found in the third or second intercostal cartilages, we know the aneurism thereby to be extra-pericardial; but should the tumor be found below the third rib we have the proof of an intra-pericardial aneurism. Very often, in cases of the latter, pericarditis is found in consequence of the pressure and tension which the pericardium receives on the part of the aneurism; and if the aneurism has attained any considerable size it produces compression of the right auricle, vena cava ascendens, or the pulmonary arteries, etc. Symptoms of pressure are also found very often in extra-pericardial aneurisms of the aorta ascendens, upon the right lung, the vena azygos, the vena cava ascendens, and the right bronchi; and since this can create suspicion of the presence of an aneurism, it must be carefully noted as of diagnostic worth.

Aneurism of the Arcus Aortæ.

Aneurisms of the arcus aortæ have their seat on the convex portion, and less often on the concave side. Generally they spread towards the right more than the left side. As such aneurisms are in hidden positions, they are only perceived as a tumor when they occupy the convex portion, and have attained considerable size. Then we have a projection of the manubrium sterni, the sternal ends of the first ribs, or a pulsating tumor in that vicinity. Aneurisms arising from the concave portion of the arch

of the aorta, even if they are large, do not show themselves as a tumor, while, again, symptoms of pressure on the trachea, the large bronchi, the nerve laryngeus recurrens, are plainly present. The symptoms, except when there is a pulsating tumor in the fossa prepulans, offer no certain diagnosis, since an aneurism of the subclavian could give rise to the same or similar symptoms. The most weighty symptom sought after is the character of the pulse. In aneurisms of the arcus aortæ all the arteries, with the exception of the carotis subclavia dextra, all branches arising from these, show a retardation of the pulse, in comparison with the pulsation of the heart. Yet these symptoms may also be wanting; then the diagnosis becomes difficult, and almost impossible.

In aneurisms of the arch of the aorta the mouths of the arterial branches from the aorta become narrowed, and sometimes closed; and therefore often, in such cases, we find a difference in the radial and carotid pulses. Another important symptom is compression of one or the other of the adjacent veins, and, as a consequence, repletion of the veins of the neck and arm, and œdema of the side in question.

Aneurisma Aortæ Descendens.

This kind of aneurism is diagnosed by the following symptoms:—A pulsating tumor in the anterior wall of the thorax, in a position left from the sternum, providing the aneurism originates from the anterior wall of the descending aorta. If it descends from the posterior wall of the descending aorta the tumor is in the posterior wall of the thorax, in a position left from the spinal column. In aneurism from the posterior wall of the descending aorta, inflammation and caries of the spinal column are present at the same time, whereby soreness and pain on the least motion of the spine is produced. The author considers this an important diagnostic symptom, especially when no tumor can be seen without that might be aneurism. But the presence of pain alone is not sufficient to determine an aneurism; it only calls attention to this as a probable symptom of value in connection with others.

The character of the pulse is of great importance, and should be carefully considered. If it can be shown that the crural pulses are retarded, in comparison with the radial pulses, it speaks for an aneurism of the descending aorta, with the exception of the possible presence of an atheromatous disease. If this symptom is wanting, and the pulsation of the tumor not plain, then the diagnosis is difficult, and almost impossible. Care must be taken not to mistake a so-called congestive abscess arising from the spinal column for an aneurism of the descending aorta. If such an abscess is found on the right side of the spine it cannot be an aneurism; but if on the left side of the spine, then the pulsation of the aorta may be communicated to it, and a mistake made in the diagnosis. If it is atheromatous, and, in consequence, a retardation of the crural pulses is present, a mistake is much more likely. Sometimes pressure of the vena azygos causes a collateral circulation in the veins of the anterior wall of the thorax; some cases have been observed. The presence of such a collateral circulation must be noticed, to discover if an aneurism is present.

Aneurisma Aortæ Abdominalis.

The great care necessary to diagnose aneurisms of the thoracic cavity should be still farther increased in determining abdominal aneurisms. These aneurisms are infrequent, and the pathological changes of organs in this neighborhood closely simulate in symptoms those of aneurism. Abdominal aneurism of the aorta is situated frequently where the cœliac artery is given off, and often hidden. If visible, it is found above the umbilicus, on the median line, or to the left of it, seldom to the right (similar to thoracic aneurism), and does not give a double tone, but only shows a pulsation with the systole of the heart, or a murmur; the latter is often the case.

The diagnosis of abdominal aorta is founded upon two symptoms. First, the proof of a tumor at the specified place, which pulsates and with every pulsation expands in every direction, closely adheres to the spinal column, and, therefore, does not change its position with each respiration. Second, the proof of a retardation of the pulse of the crural artery in comparison with the pulsation of the heart, or the pulsation of both radial arteries. When these points are not clear, the diagnosis is very difficult. Tumors of the stomach, pancreas, liver, gall cyst, mesentery glands, etc., or an encysted peritoneal condition, may all be

News and Miscellany.

Retirement.

Professor A. C. Crosby, M. D., has retired from the Long Island College Hospital, and Dr. Wm. Warren Greene has been appointed Professor of Surgery in his place.

Departure.

Dr. J. M. Da Costa, Professor of Practice in the Jefferson Medical College, sailed for Europe on the 26th, to be absent two months.

A Handsome Legacy.

A residuary legacy by John Redman, a Boston master builder, to the Massachusetts General Hospital, has turned out, on a final settlement of the estate, to amount to $446,000.

A Well-timed Compliment.

The Hon. James C. Curtis, of Cochecton, N. Y., celebrated his golden wedding—the fiftieth anniversary of his marriage—on June 19th. During the festivities he took occasion to say that he owed the possibility of such an unusual and fortunate event, under Providence, to his family physician, our old friend and contributor, Dr. W. L. Appley, who for thirty-five years had been his family physician. Certainly a just and well-timed compliment.

Detroit Medical College.

The Detroit Medical College, whose advertisement appears in another column, and which has hitherto held its regular session in the Spring and Summer months, has changed its annual programme, and will hold its regular term of instruction hereafter in the Autumn and Winter. There are several hospitals connected with the college, and it has besides other advantages which will be appreciated by medical students.

The Medical Schools of France.

M. Jules Simon has intimated his intention of reorganizing the medical curriculum in the various schools of France. He proposes to maintain the faculties of medicine as they now exist, to extend that of Paris, and to create new faculties at Bordeaux, Lyons, Nantes, Lille, and Nancy.

A New Medical Baronet.

It is announced in Dublin that Dr. Wm. Stokes, Regius Professor of Physic in Trinity College, Dublin, and Physician to the Queen in Ireland, is about to receive a baronetcy. Dr. Stokes is the acknowledged head of the profession in Ireland. His year of Presidency of the British Medical Association was marked by great public and professional services. His recent services to the State on the Royal Sanitary Commission have worthily crowned a career of unusual distinction.

The Cholera.

Constantinople, June 13.—The chole has appeared in the southern part of Russ and all vessels arriving here from Russi ports in the Black Sea are placed in quara tine.

Dr. Joseph Lemley, Secretary of t Senate of Mississippi, died at Jackson, Thursday night, June 6, from an overdo of morphine, administered by himself.

The Senate has confirmed Medical Dire tor James C. Palmer to be Chief of the Na Bureau of Medical Surgeons.

The habit of eating arsenic to beautify th complexion is said to be largely on the i crease among both sexes in New York.

Ice factories are multiplying in the Soutl Most of the machines used are a French i vention.

Among the latest reforms spoken of is tha of a reformation of botanical names.

MARRIAGES.

Averill—Knight.—In New York, June 17th, t the First Baptist Church, by Rev. T. D. Anderso D. D., Walter I. Averill and Miss Cornelia A., onl daughter of James Knight, M. D., both of tha city.

Dana—Pawling.—At the residence of J. H. Os borne, Esq., near Morrisville, Pa., June 13th, 187 by the Rev. C. W. Knauff, assisted by the Re Robert S. Manning, Robert S. Dana, M. D., an Miss Fanny J. Pawling

Foster—Edwards.—June 19, at the old home stead, in Hunter, Green County, N. Y., by Re George A. Howard, D. D., of Catskill, Henry Foste M. D., of Clifton Springs, and Mary A., daughte of William W. Edwards, Esq., of Brooklyn, N. Y.

James—Thompson.—In the Second Presbyteria Church, Rahway, N. J., June 19, by Rev. J. A. Li gett, assisted by Rev. David M. James, of Bat Pa., and Rev. C. H. Edgar, D. D., of Easton, Pa Hiram H. James, M. D., and Fannie B., daughte of the late Jonathan Thompson, both of Rahwa New Jersey.

Meacham—Stone.—In Brattleboro, Vermo June 6 h, by William S. Newton, Esq., Dr. Hira A. Meacham, of Orange, Mass., and Mrs. Adelai Stone, of Barre, Mass.

Morsick—Washburn.—May 30, 1872, at the re dence of the bride's parent, Rev. Jacob Washbur at Pleasantville, Westchester County, N. Y., the bride's father, assisted by Rev. O. Havila George Morsick, M. D., of Nyack-on-the-Hudso and Miss Julia Washburn.

Simpson—James.—June 11, by Rev. Emory Bul man, Dr. T. W. Simpson, of Liberty, Frederi County, Md., and Miss Jennie James, of Frederi County, Md., formerly of Loudon County, Va.

Smith—Lovell.—In Alstead, Vermont, June by Rev. W. B. T. Smith, Sumner T. Smith, M. D., Claremont, and Ellen M., daughter of Bolivar L vell, of Alstead.

Thomas—Clark.—In Hancock, Vermont, Jun 10th, by Rev. George S. Guernsey, Dr. George Thomas, of Starksboro, and Miss Harriet A. Clar of Hancock.

DEATHS.

Martien.—In St. Charles, Missouri, on May 11t James Mitchell Martien, M. D., in the 67th year his age.

Strawn.—In Philadelphia, on the 17th instan Ella S., wife of Dr. Joseph Strawn, and daught of the late William R. Paul.